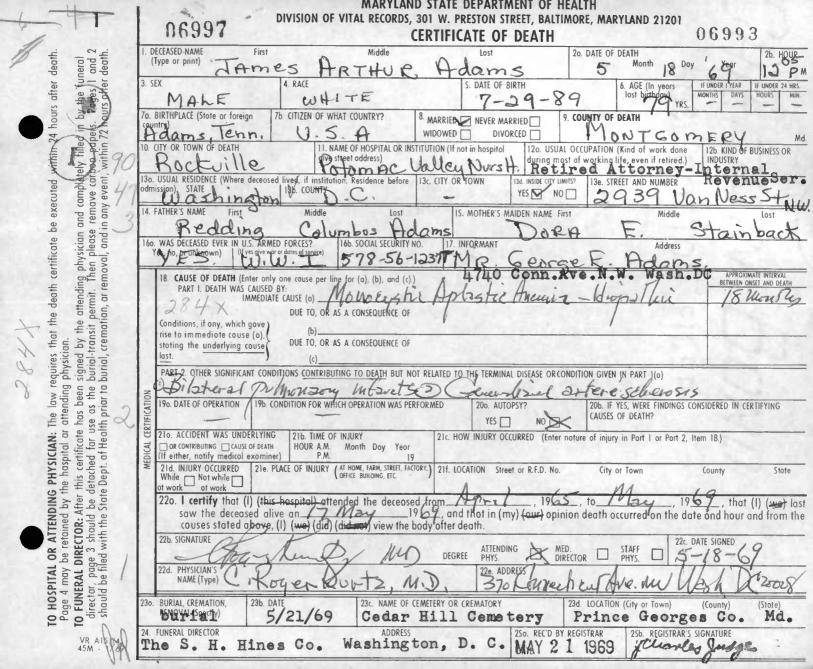
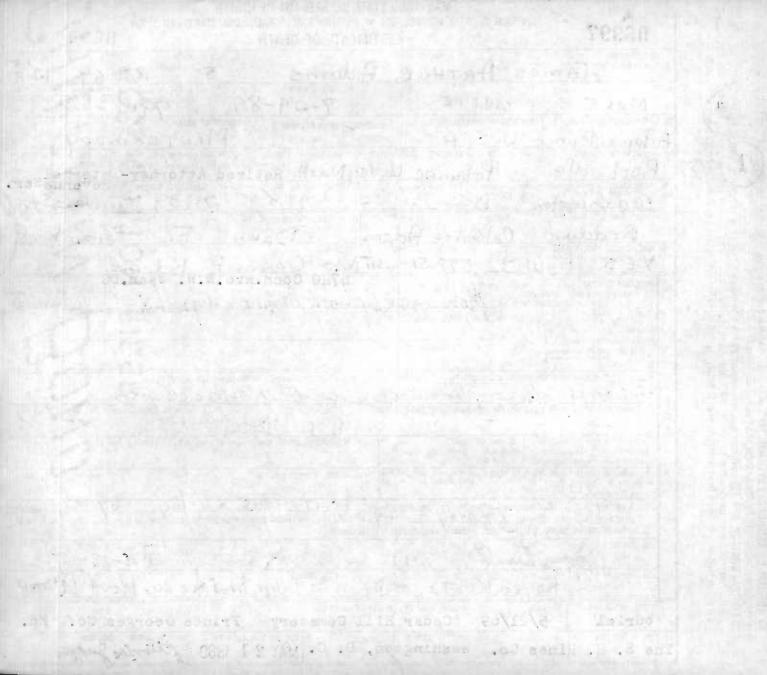
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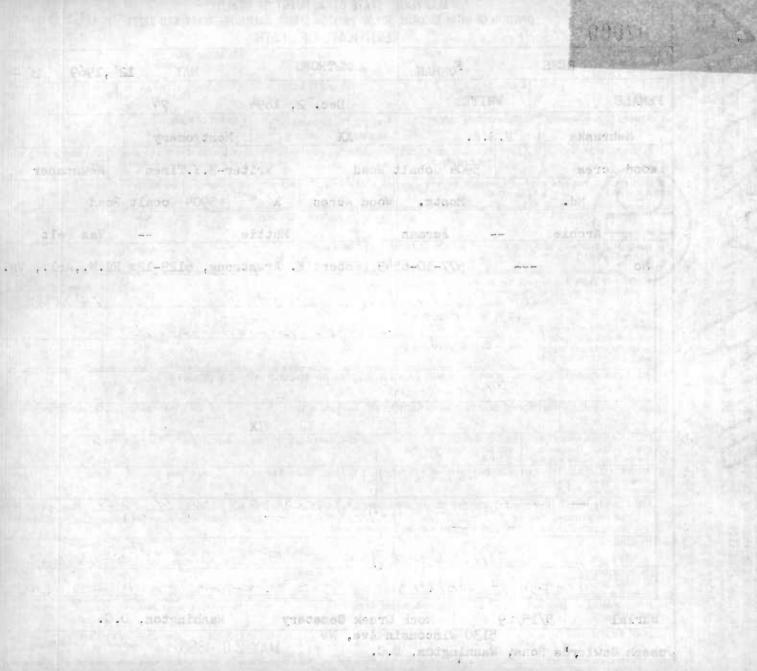
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00	equires that the death ce physicion. signed by the attending burial-transit permit. The	N	Conditions, if any, rise to immediate stating the underly last. PART 2. OTHER SIGN	which gove cause (o), (ving cause (TE CAUSE (a) DUE TO, OR AS	A CONSEQUENCE OF	myo	THE TERMINAL I	0	Jane VI	PART I(a)	APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH CCLY 1
7	The lay attend has be se as the prior	CEPTIFICATION	19a. DATE OF OPERAT	ION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPS	NO TZ	20b. IF YES, CAUSES OF	WERE FINDINGS CO DEATH?	ONSIDERED IN CER	TIFYING
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	he he he this letace letace Deg	2	21d. INJURY OCCURI While Nat while at wark at wark	RED 21e.	PLACE OF INJURY (AT HOME, EARM, STREET, FAI DEFICE BUILDING, ETC.	CTORY.) 21f. LOC	ATION Street	or R.F.D. No.	City ar T	own	County	Stote
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	Page To FUN direct	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. [DATE 196	9 New 3	CEMETERY OR CI	emeter	1		, New Y		(State)
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6-1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE KNOWN TO 2b. HOUR (Type or Print) OF EST1-Arbogast Walter 169 Frederick 16 0 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX DATE PRONOUNCED DEAD and e State Departme 69 Day PM3. 7-14-04 Year White Male YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? with farm Virginia Montgomery WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR WashSan during most of working life even if retired.) Self-Empla in pencil in Item 18 Give withth the Chief Medical Examiner's Office alang 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 1414 Kanawaha /St admission) STATE 13b. COUNTY-Langley Pk YES NO F pages land 2 ofter 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME Middle Last Arbogast Januel 24 hours within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Lucy H. Arbogast-wife-1414 Kanawha Street File within 72 be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary insufficiency "pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave Coronary artery heart disease rise to immediate cause (a). certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 shauld be forwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 as remaval, used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) 21g. EXTERNAL CAUSE WAS o 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Inquiry Accident deoth resulted from: Noturol_couses X Suicide Homicide CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) 23a. BURIAL, CREMATION, Gate of Heaven Cemetery REMOVAL (Specify) May 19, 1969 REGISTRAR'S SIGNATURE Pumphrey, Inc. 8434 Ga. Ave. Sil. Spg. Md. VR ATSME (5)

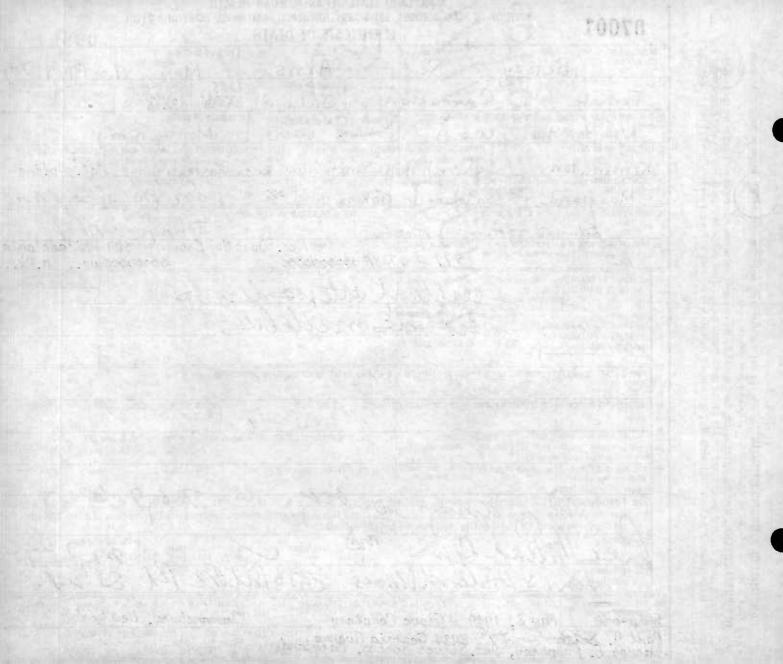
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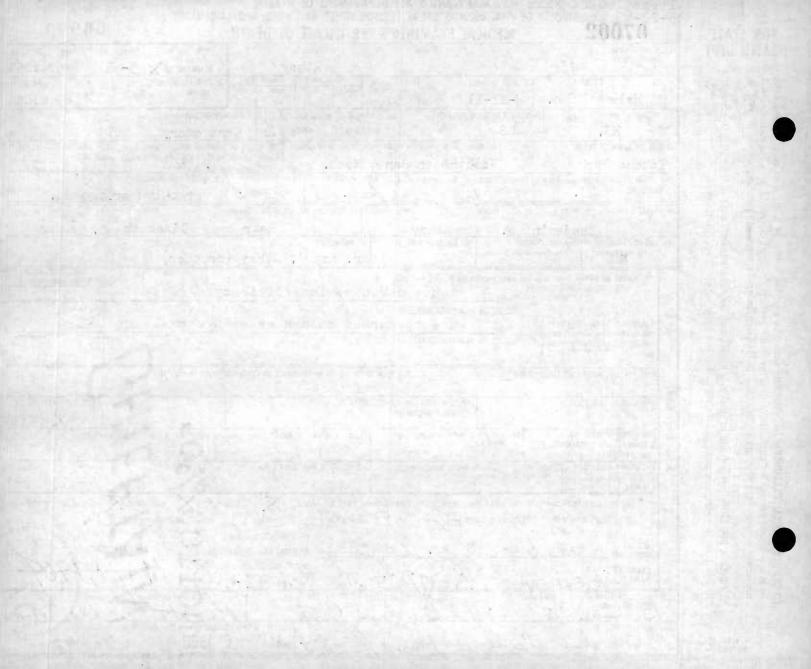
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that the death certificate be exe in. by the attending physician and contrarity permit. Then please remover cremation, ar remayal, and in any	160. Ye	VAS DECEASED EVER IN U.S. ARME s, no. or unknown) (If yes give wor	D FORCES? 16b.	SOCIAL SECURITY NO.		orothy Brown		hiladelphi	1
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and comple e 3 shauld be detached for use as the burial-transit permit. Then please remave call ed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event	П	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT F	ELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART	1(0)		
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ten de lo as b as b as b prio	ICAT	9a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH O	PERATION WAS PERFO		CALICES OF DEAT	RE FINDINGS CONSIDE H?	ERED IN CERTIFYING	
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AN:	AL C	TO CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mc	onth Day Year	21c. HOW INJURY OCCURRED (E	inter nature of injury in Part	1 or Port 2, Item 1	8.)	
SICI Spito ertiff ed t	MEDICAL	If either, notify medical examine	r) P.M.	19					
DING PHYSIC by the haspi (fer this certi be detached State Dept. at		21d. INJURY OCCURRED 21e. PI While Nat while	LACE OF INJURY (AT HO	DME, FARM, STREET, EACTORY E BUILOING, ETC.	21f. LOCATION Street or R.F.D.	Na. City ar Tawn	Cau	unty State	
te D te D	0	t work at work			Ande	18	10/		
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R: ned		causes stated above,	(H) (we) (did) (did		v after death.	opinian deom accurred	on the dore an	ia naur ana iram ti	n
STO SE	1	25. SUBNATURE . /h. Y	11		mi	/	22c. DATE S	SIGNED /	-
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AL Dogg b	7	2d. PHYSICIAN'S	- Divili	- 1/1/14	22e_ADDRESS/	2.1 Por 1	1 00	1.1	
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FOR STATE	15-22-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06998
FOR STATE	1) 7002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 20 DATE KNOWN MORE Month.	
HEALTH DEPT.	(Type or Print)	Doy Year 2b. HOUR
± 60 ± 50 ± 50 ± 50 ± 50 ± 50 ± 50 ± 50	Joseph Athey DEATH MATED 5- 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRODUCINGED DEAD	1 16964057
deloy and 3	lost birthday) MONTHS DAYS HOURS MIN. Month Day	2d. HOUR Year 169 6:05A
2 2 2	70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	169 6:05A
De De	country) Md. US WIDOWED DIVORCED M Montgomery	
Poges 1, ith form	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (II not in hospital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
word "pending" in pendit in Item 18. Give Pages 1, the Chief Medical Examiner: Office along with form rial-transit permit. File pages 1 and 2 with the State De nony event within 72 hours ofter death.		INDUSTRY
fter Giv ong th th	13a. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Canning
hours after Them 18. Gi Office along Tand 2 with	odmission) STATE Md. 13b. COUNTY R. aco Laurel YES NO D Brooklyn Br	idge Rd.
hours Trand 2 v	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
13 o S	Benjamin F. Athey Mayr Elizabeth	M. Athey
within 24 pencil in carning:	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within n pendif Examine File pogo	(Yes, na, arunknown) (If yes give war or dates of service) Mr. Roy J. Athey (brother)	
be executed "pending" in nief Medical E. nnsit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A cute coronary insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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This certificate, writing be forward ab used a ar removal.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. In	20. AUTOPSY?
this cote, oe for be ur	WAS PERFORMED?	YES NO
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07003 06999 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH be executed within 24 hours after death ZABETH LANDON Manth 35 Day 30 Yeor 69 (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White Female los bythday) 8 August 1901 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Virginia please remave carban papers. Montgomery USA WIDOWED [DIVORCED [12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give To Tre Woodacres Dr. Bethesda during mest of warking life even if retired.)

Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Md. 13b. COUNTY Montgomery Bethesda 6015 Woodacres Drive YES 🔀 NO | IS. MOTHER'S MAIDEN NAME First Elizabeth 14. FATHER'S NAME Middle Middle 1ost B . Finkler William and in Henry Landon requires that the death certificate Millard B. KKX BAMBER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-58-3533 Address Yes, no b (unknown) above address (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? for use YES [NO TO TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of wark 22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on.... directar, page 3 shauld shauld be filed with the couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Parklawn cemetery 23b. DATE 23d. LOCATION (City ar Tawn) 23o. BURIAL, CREMATION, (State) (Caunty) Hampton, Virginia 6/2/69 Bemoky (Weath) 24. FUNERAL DIRECTOR VR A15 (4) Robert A. Pumphrey Bethesda, Md. 30M REV. 1/68 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle Last 2g. DATE KNOWN Manth Day Year 2b. HOUR (Type or Print) OF ESTIany delay is 2, and 3 to PM3. Page WILLIAM RUSSELL DEATH MATED 19 910 m5 4. RACE 3. SEX S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) MONTHS Day 2 Month. 898 19 69 10:5 /13/80 White Male To. BIRTHPLACE State of foreign a 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forworded to the Chief Medical Examiner's Office along with form Hanover County DIVORCED WIDOWED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
paper hanger give street address) INDUSTRY Silver Spring Hospital deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY and 2 Mary ofter 14. FATHER'S NAME Middle First Last 15. MOTHER'S MAIDEN NAME First Last William N. Barker Wirginia H. Gibson poges hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT executed within (Yes, no or unknown) (If yes give war or dates of service) 228-10-4793 1107 Arcola Ave. Whet File ece June within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 removol, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described abave, held an Autopsy Inspection nauiry and in my apinian the funerol director. death resulted from: Natural causes Accident Suicide Hamicide Undetermined CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Heolth moy NAME (Type) 50 23g. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town), (State) REMOVAL (Specify) May/6 Hollywood Cemetery Richmond Surral 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 8434 Georgia Avenue 10M REV. 1/68

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OS GA		ve, (!) (we) (did) (did not) view the	bady after death.	Loo	227 000155
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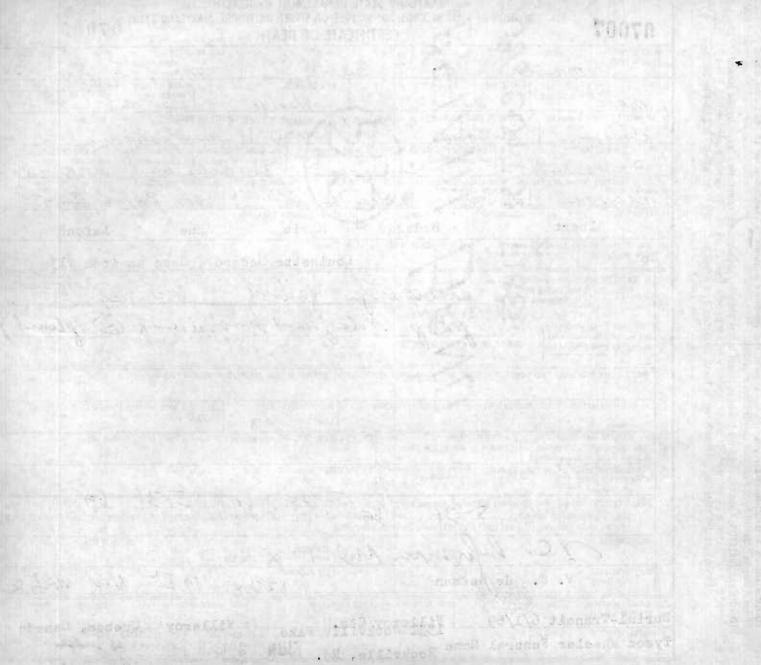
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07002 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) ESTI-Page TENE DEATH MATED AGE (In years lost birthdgy) IF UNDER 24 HRS 4. RACE DATE OF BIRTH DATE PRONOLINCED DEAD PM3 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Item 18. Give Pages 1, WIDOWED DIVORCED and 2 with the State 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12b. KIND OF BUSINESS OR give street oddress) during, mast of working life, even if retired.) INDUSTRY Own Home Office alang 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN HYEXANDERIC YES 🔀 after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle PERNEL CRESPINCE HASKER podes .= haurs 160 WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO. 17. INFORMANT within pencil (Yes, no, ar unknown) (If yes give war or dates of service) Roland Beckwith Schme as #13 File Exo APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Massive intracerebral hemorrhage, spontaneous, 10 hours left basal ganglia area DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave Cerebral arteriosclerosis rise ta immediate cause (a), ma are shauld the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing farwarded COS remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES NO F pe 4 shauld be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE [220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Notural couses Accident . deoth resulted from: Suicide [Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, or county) the 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Tawn) (County) (State) Bur May (Specify) 5/30/69 West Hill Cemetery Galeton Potter Pa. 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Francis Gasch's Sons Hyattsville, Maryland DATE 10M REV. 1/68

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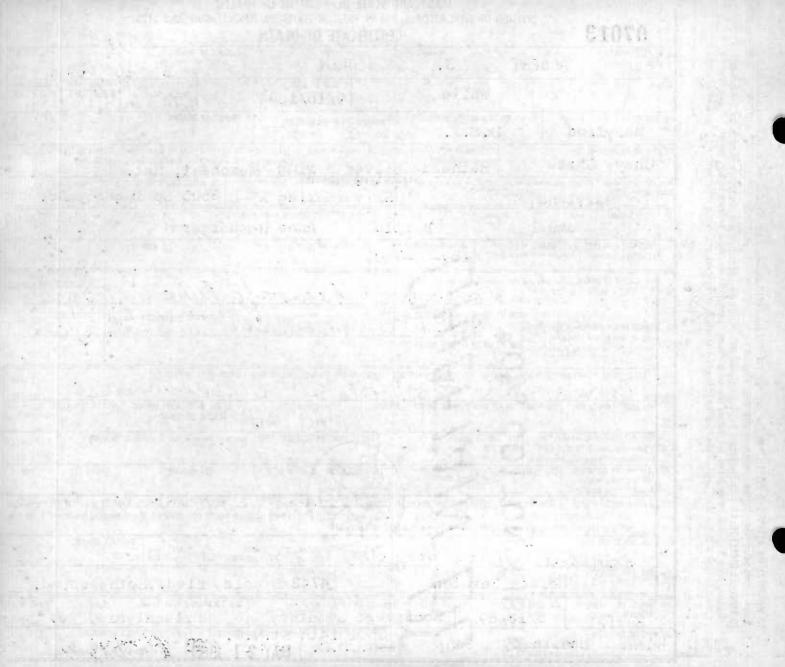
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	MARYLAND STATE DEPARTMENT OF HEALTH 17112 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07008
HEALTH DEPT.	1. DECEASED-NAME 2a. DATE KNOWN Month Day Year 2b. HOUR
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thours Item 19 Office 1 and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 h in It in It ir's O er's O	UNKNOONU Cella - WHKNOON
d within 24 in pencil in Examiner's Examiner's File pages in 72 haurs	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) NO. 17. INFORMANT PT'S Chart
ed with in period of the File	18. CAUSE OF DEATH (Enter only one cause per line (O), (a), (b), and (c).)
be execute pending" ef Medical nsit permit with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Reile Corenary Insufficiency
e ex pend ef M sit p	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
Ild b ird " Chia -tran	rise to immediate couse (a), (b) (b) (b) (b) (c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
should be executed he ward "pending" is to the Chief Medical burial-transit permit.	last. (c)
This certificate should be executed icate, writing the ward "pending" in be farwarded to the Chief Medical Ed be used as a burial-transit permit. For remayal, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ertif writi war war sed	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)
his of the parts, be unrem	WAS PERFORMED? YES □ NO
	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DAM. 19 210. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Manth, Doy, Year Hour A.M. 19 210. EXTERNAL CAUSE OF DEATH 210. TIME OF INJURY Manth, Doy, Year 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
CAL EXAMINER: execute the certificar. Page 4 should defar your files. CTOR: Page 3 should burial, cremation,	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote
DEPUTY Scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
EPUTY SIGNAL E. SSSORY, please executioneral director. Pag oy be retained for inneral DIRECTOR: fith prior to burial,	deoth resulted from: Notural couses Accident , Suicide , Hamicide , Undetermined manner
please direct direct burse etaine	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL OF DATE SIGNED
RAIL Pri	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	EXAMINER'S NAME (Type) BELDETY READ MID, ADDRESS TERR LITTLE PROPERTY (COUNTY)
To DI s mee	230 ADDRIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 40 ATION (City or Town) (State)
VR AISME (SE AL)	29 EUNERAL DIRECTOR ADDRESS
10M REV. 1/68	granting meeter steek 7211-1 ace page 1 1000 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07010 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN THE (Type or Print) EST1 DEATH MATED 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX A RACE 3/17/1894 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED [DIVORCED [Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital word "pending" in pencil in Item 18. Give Pagathe Chief Medical Exominer's Office along with 120. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) deoth. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY 3520 Conn. Washington DCYESE lond 2 after 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Henry Fermier Agnes Schipe hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within (Yes, no, or unknown) (If yes give war or dates of service) 3-8205 Terrence Betteridge - same as above File within be executed 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-fronsit Conditions, if ony, which gove rise to immediate couse (a). ony certificote should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse . writing the 4 should be forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) removol. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X director. death resulted from: Natural causes Acident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE -

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APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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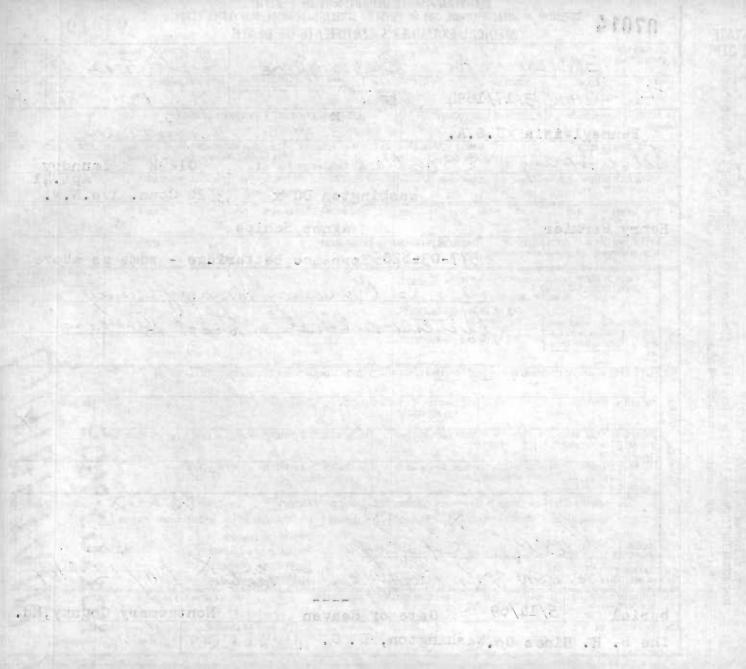
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NAME (Type) 6 ADDRESS Street city fown or county) BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) Montgomery Gate of Heaven buria 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE The S. H. Hines Co. Washington, D homen younge

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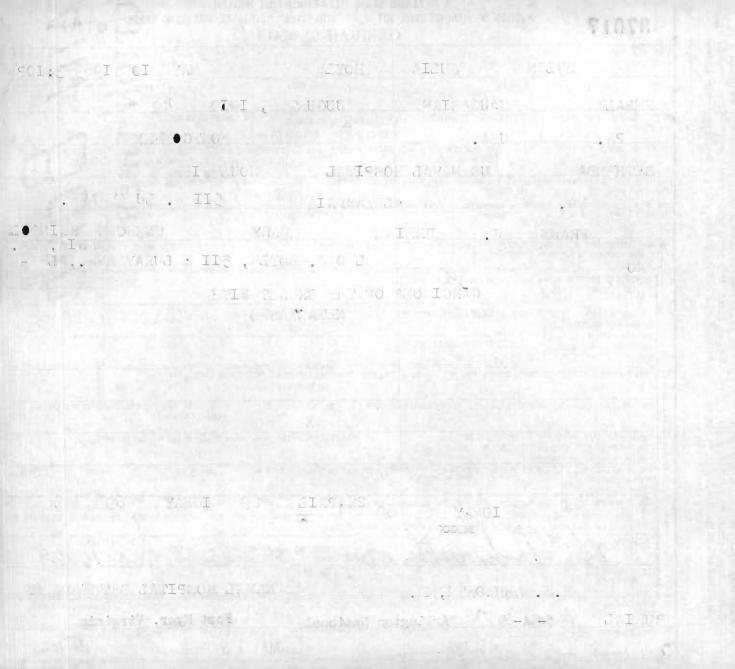
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	ter	fer fur	3. SE		4. RACE		5. DATE OF BIRTH	- 11	E (In years IF UNDER I YEAR IF UNDER 14 HRS.
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	executed within 24 hours after	and campletely filled in remave carban papers. n any event, within 12 h		ssion) STATE Md	13b. COUNTY	entgomery 5		1.00. 5	Glenallen Ave #3
	эхес	d co	14. F	ATHER'S NAME , Eirst	Middle	Last	15. MOTHER'S MAIDE		Middle KORNEM
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W.	大哥	d by the attending physician and a latransit permit. Then please rema , cremation, ar remaval, and in any		WAS DECEASED EVER IN U.S. es, na, ar unknawn) (If yes g	ARMED FORCES? give war ar dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	(_	Address WASH, D.C.
A.	JE.	g phys		NO		215-54-839.	JAMES BIE	LASKI, SON, 28	BOINEW MEXICO AVE ,
-1	75	attending permit. The		 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI 	r anly ane cause per lin	ne for (a), (b), and (c),)	I O		BETWEEN ONSET AND GEATH
1 his	7 5	e affendir permit. ion, ar re	Ξ,	IMM	MEDIATE CAUSE (a)	pour	1 alle		
2	De.	per per tion		Conditions, if any, which go		S A CONSEQUENCE OF	5-8.	d . (
3	of To	d by the transit p		rise ta immediate cause (c	a), (b)	AS A CONSEQUENCE OF	o pur	*	
3	ician th	rd by Il-tran I, crei		stoting the underlying coulast.	(c)	S ALONSESOENCE OF	Garl On	Sour Tole	1 mars
Po	physici physici	signed burial-t burial, c		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT	ELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PA	RT 1(0)
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٨	The The	use ha	ERTIFI	2) ACCIDENT MAS UNDER	IVINO Ton sur or	- 10.111.5.V	YES	NO []	
0	ANS	ficat far Heo		21a. ACCIDENT WAS UNDERL	DEATH HOUR A.M.	Month Day Yeor	21c. HOW INJURY OCCURR	RED (Enter nature of injury in Pa	irt 1 or Port 2, Item 18.)
1.	HYSICIA hospital	certii ned t. af	MEDICAL	(If either, natify medical exc 21d. INJURY OCCURRED 2		AT HOME, FARM, STREET, FACTOR)	21f. LOCATION Street or	R.F.D. No. City or Tow	n County State
10	PHY &	this certificate letached far u Dept. af Heal		While Nat while at wark	ETG. FEACE OF INJUNT	OFFICE BUILDING, ETC.	7) 211. LOCATION SHEET OF	Kil.D. No. Chy of tow	The County State
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1	ATT	Shat ith t		22b. GNATURE	ove, (1) ywe) (u)d) ((did fior) view file boo	ly uner deom.		22c. DATE SIGNED
h	OR ATTENI	ed w		Meeter 7	Whit	mo	DEGREE PHYS.	MED. STAFF	- 12-1-1C
. 6	TAL ay E	Page e file		22d. PHYSICIAN'S NAME (Type) Me	rton L. Wh	ite	22e. ADDRESS	Georgia Ave.	NXXX Silver Spring,
1	HOSPITAL ige 4 may	TO FUNERAL DIRECTOR: After this certificate has been signe director, page 3 shauld be detached far use as the burial shauld be filed with the State Dept. of Health priar ta burial to the state Dept. of Health priar to burial to the state Dept.	1						
Ci	O HO	direct shau	23a.		3b. DATE 5-28-1969		etery or crematory ivet emetery	23d. LOCATION (City Washingto	
1	5	Ĕ	24.	- WY TW					b. REGISTRAR'S SIGNATURE
		VR A15 (4) 30M REV. 1/68		JOS 5130 WISC	SEPH GAWLER'S	SUN, INC. SH., D. C. 20016	DA	MAY 2 8 1969	fliantes Judges

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4	07016		301 W. PRESTON STREET, BAL		07012
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2 Nours affer death.	DECEASED-NAME First (Type or print) JAMES	Middle BERNARD	ELACKWOOD	20. DATE OF DEATH MAYOUTH	2b. HOUR 1969 8:55AM
	SEX MALE	4. RACE	S. DATE OF BIRTH 27 JUNE 190	6. AGE (In years lost biethday) OR YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7	o. BIRTHPLACE (Stote or foreign ountry) W. VA.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	Md
7	D. CITY OR TOWN OF DEATH BETHESDA	give street address HOSP	BETHESDA MD during m	JAL OCCUPATION (Kind of work done not of working life, even if retired.)	12b, KIND OF BUSINESS OR INDUSTRY
5 0	Bo. USUAL RESIDENCE (Where deceos dmission) STATE MARYTAND	ed lived, if institution: Residence before	1	13e. STREET AND NUMBER 915 GABEL ST	
	4. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
-		NED FORCES? 16b. SOCIAL SECURITY	MARGARE!		
1		rar or dates of service)		Address BLACKWOOD. 915 GAB	SILVER SPRING EL ST. MD.
F		ly ane couse per line for (o), (b), and (c)		BLACKWOOD, 915 GAB	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1	1621	DUE TO, OR AS A CONSEQUENCE OF			
1	Conditions, if ony, which gove rise to immediate couse (o),	(b)			
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
4	DART 2 OTHER SICAHEICANT COM	(C)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVEN IN DARK 1/->	
		DITIONS CONTRIBUTING TO DEATH BUT I	OF KETATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(0)	
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	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Yeor ner) P.M.	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2, It	em 1B.)
	While Not while of work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. No.		County Stote
	22a. I certify that style this saw the deceased all causes stated abave	is haspital) attended the decease live an TMAY (we) (did) (XXXXX) view the	ed from 9 MAY , 19 (19 69), and that in (nyx) (aur) ap bady after death.	69 , ta <u>17 MAY</u> , 19_ inian death accurred an the dat	69 , that (*) (we) lasse and haur and fram the
	22b. SIGNATURE And	Trong			May 1969
		AMES TRONE, MC, US		HOSPITAL, BETHESI	DA, MD.
		y 20, 1969 ARLIN	CEMETERY OR CREMATORY GTON CEMETARY	23d. LOCATION (City or Town) ARLINGTON, AF	
	4. FUNERAL DIRECTOR	Surv	ER SPRINGS, MD. RECO	BY REGISTRAR 25b. REGISTRAR'S S	
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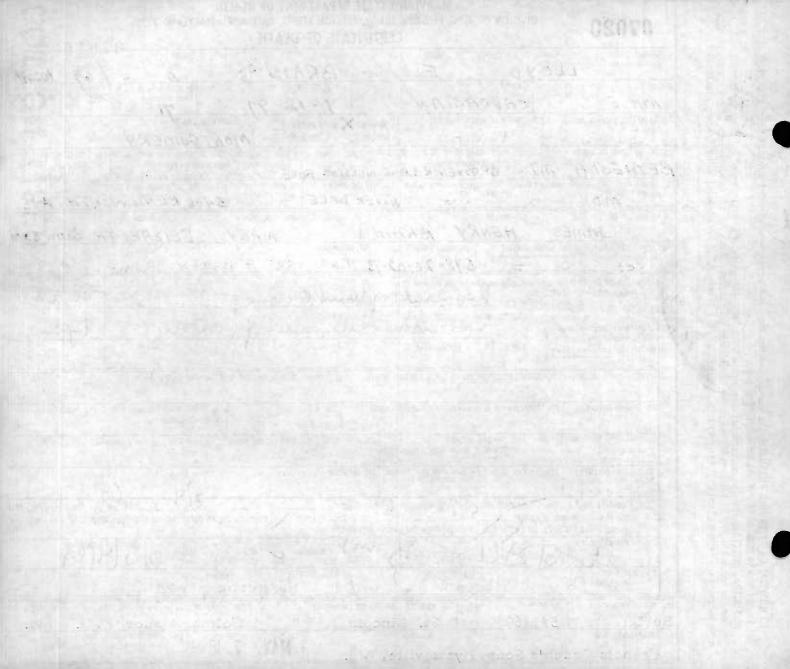


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,		MARTLAND STATE DEPARTMENT OF HEALTH
1	~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 07815
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	de de	119atha C. Druckurey 5-20-69 5-
	fer for	3. SEX 4. RACE 5. DATE OF BIRNTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	0 F 00	Female. White 10-30-88 ast birthday) MONTHS DAYS HOURS MIN
	by the f	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPIED NEVER MARRIED 9. COUNTY OF DEATH
	7 CN-	Country) Mass. U.S. A. WIDOWED DIVORCED Montgomercy.
	filled pope	10. CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR
	ATTENDING PHYSICIAN: The low requires that the deoth certificate the executed within 24 etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled is should be detached for use as the burial-transit permit. Then please remove carban paper into the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 permits.	Bethes da give street oddress) Suburban during most of working life, everyif retired.) INDUSTRY
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	C eve	admission) STATE Md. 13b. COUNTY on ty omeny Chevy clase YES NO 4716 BRadley Blud.
	and rem	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	d in din	John Carney Katherine Melahan
	<u> </u>	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT Address
	equires that the deoth certificate the exemply sicion. signed by the attending physician and coburial-tronsit permit. Then pleose remoburial, cremation, or removal, and in any	MRS. LONG D. CHAM BLISS, PAUGHTER, DETHS, MD.
	e deoth cer attending p permit. The on, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	UNG PHYSICIAI by the hospitol ffer this certifice be detached for	While Not while at work at work
	er the	20 1
	Aft by Street	saw the deceased alive an 1969, and that in (my) (47) opinion death occurred on the date and haur and from the
	The second secon	couses stated above, (1) (414) (did not) view the bady after death.
	P S S S S S S S S S S S S S S S S S S S	22b. SIGNATURE 2 2c. DATE SIGNED
	OR ATTENIED be retained SIRECTOR: A per 3 should ed with the	Servar tetaks M.A. DEGREE ATTENDING MED. DIRECTOR DIPHYS. D 5. 20. 1969
	y b b file	22d. PHYSICIAN'S 22e. ADDRESS & CLIZ CUI, Cadab Lake
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I	NAME (Type) Stewart Clapp MR Dether do XII
	UN Getto	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	Page	Burial 5-23-1969 Rock Creek Cemetery Washington, D.C.
	VR A15 (4) 45M - 1/69	JOSEPH GAWLER'S SON, INC.
	43/11 - 1/ 07	5130 WISC. AVE., N. W. WASH., D. C. 2001

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	law requires that the death certificate be executed within 24 hours after death anding physician. been signed by the attending physician and completely filled in by the funeral is the burial-transit permit. Then please remave carban papels. Eagles 1 and 2 is to burial, cremation, ar remayal, and in any event, within 72 years offer death			Lowa	u.	S. A	WIDOWED DIV	ORCED M	ONTEOMEI	24	Md.
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	y t y t y t y t err		2.0	rise ta immediate cause (a)		OR AS A CONSEQUENCE OF		1,			
	子言るする	1.00		stoting the underlying cause last.	001 10, 0	A AS A CONSEQUENCE OF					
	equires that the physician. Signed by the burial-transit burial, cremains	97			, (c)_						
	phy phy sign	100		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDITI	ION GIVEN IN PART 1(a)	MIEVIL A E	
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00	s b as	V.	3	190. DATE OF OPERATION 190	S. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED 20a. AU	105243		DINGS CONSIDERED IN C	ERTIFYING
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	A Porto		3	OR CONTRIBUTING CAUSE OF DE			True How Mook! O	CCOUNTED (EINE) HOTEL	o or injury in run 1 us 1	un 2, nem 10.)	
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	the haspi this certi detached e Dept. of		2	21d. INJURY OCCURRED 21	e. PLACE OF INJUR	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY, 21f. LOCATION Str	eet or R.F.D. No.	City or Town	County	State
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	N P P			saw the deceased	alive on	3 1	19, and that in (r	my) (our) apinian	death accurred an t	he date and haur	and fram the
	S S S T	1			/e, (I) (we) (di	d) (did nat) view the	bady after death.			1	
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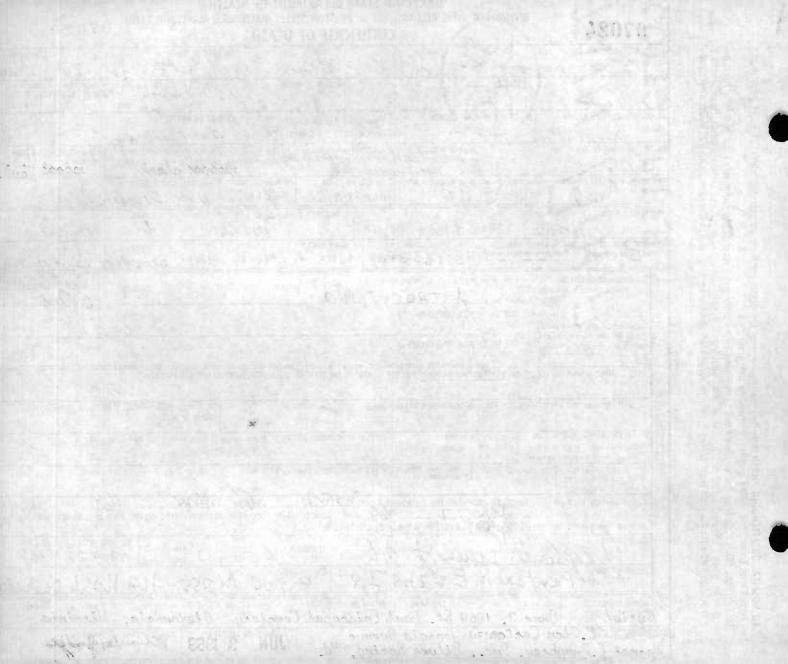
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ed	13a.	USUAL RESIDENCE (Where deceased lived if institution; Residence before \$13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER
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ond con on on	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
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the attending physician ond completely filled in by the strength of the please remove corbon papers. Page motion, or removal, and in ony event, within 72 hours.	100. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY 40. 17. INFORMANT 486-01-2824 Mrs. Gerald Ashour 10610 Marst Read 55
certi p ph hen nove	H	APPROXIMATE INTERVAL
ath nding it. T		IB. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
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tending as been as the prior to	10N	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The low ratending all or attending icate has been for use as the Health prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: The all or at icate ha for use Heolth		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
ICIA pital pital d fo of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
JING PHYSICI by the hospit frer this certif be detoched I Stote Dept. of	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
GP the the det det te D		While Nat while at work Coffice Building, Etc.
DIN be be Stot		22a. I certify that (I) (this hospital) attended the deceased fram and that in (my) (our) apinian death accurred an the date and haur and fram the
R ATTENE retoined retoined ECTOR: A 3 should with the		causes stated abave, (1) (we) (did not) view the bady after death.
R AI reto		226 STONATURE 22c. DATE SIGNED 22c. DATE SIGNED
be DIR	(22d. PHYSICIAN'S MICHAEL MICHES ATTENDING MED. STAFF PHYS. 22d. ADDRESS
RAI Po		NAME (Type)
POSE 4 may be retained by the hospital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within the retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fairector, page 3 should be detached for use as the burial-transit permit. Then please remove corban should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	230	(BURIAL) CREMATION, 23b. DAILY / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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×e	d co	14.	FATHER'S NAME Fir	st	Midd		***************************************	S. MOTHER'S MAI	IDEN NAME First	0100	Middle	1104	Lost
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OR AI	DIRECTO		22b. SIGNATURE Charles S. Whitakes Adegree PHYS. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.									C. DATE SIGNED	
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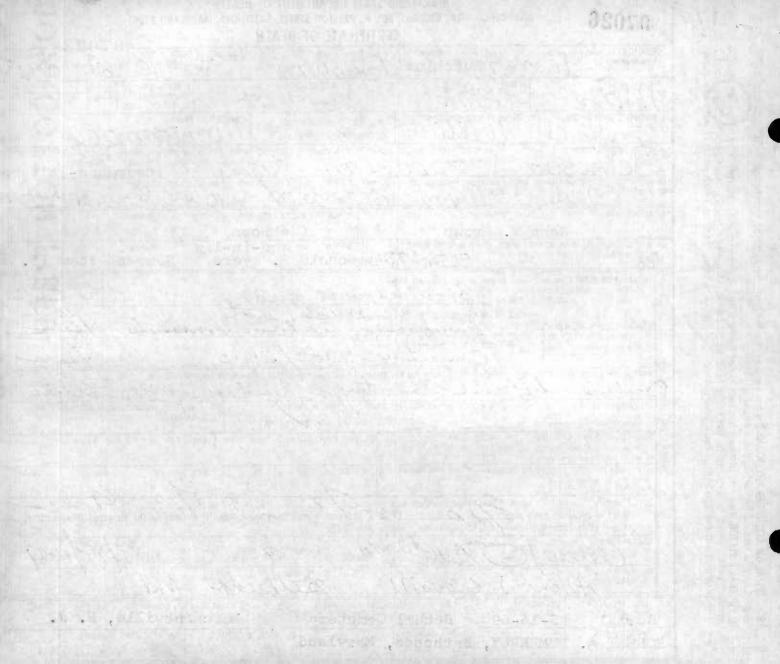
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18-4	7	07024	DIVISION OF VITAL RECORD	OS, 301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201	07020
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fter fu	Her	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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OR.	h th		bove, (I) ((did not) view t	ne body after death.		
ret ret	wit w	22b. SIGNATURE	+ (NC .T. Ib	ATTENDING M	NED. STAFF 22c.	DATE SIGNED
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SPITA 4 moy	director, page 3 should should be filed with the '	22d. PHYSICTAN'S /P. NAME (Type) /P.	eyton K. Evan	15 JR. 220. ADDRESS 4900	Mass. Ave.	Mash DC20016
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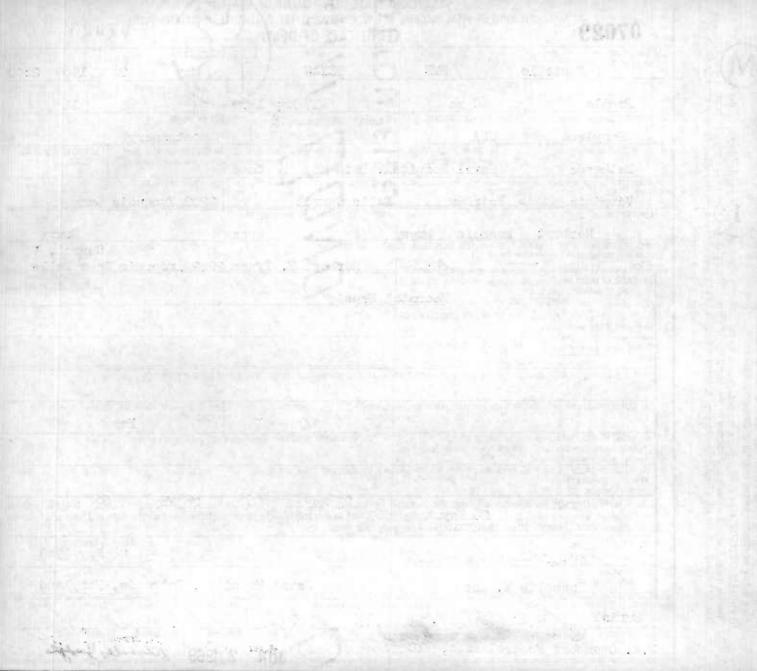
		13	MARTLAND STATE DEPARTMENT OF HEALTH	
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	U		CERTIFICATE OF DEATH	
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	ate b ician leose and i		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Son-in-law Address	
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13	OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death be retained by the hospital or ottending physicion. **NRECTOR:* After this certificate has been signed by the ottending physician and completely filled in by the funeral e.3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Peges I and 2st with the State Dept. of Health prior to burial, cremation, ar remayol, and in any event, within 72 habrs effer death.		- occlusion left substances artery nonhosplosonis maragle releter	
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	R: /		saw the deceased alive and that in (my) (our) opinion death occurred an the date and haur and fram causes stated above, (I) (we) (did) (did not) view the bady after death.	th
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	H dge		230. BURIAL, CREMATION, BUNDAL (Seedly) 5-14-69 Bethel Cemetery OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Merchantville, N. J.	
	5 5			
	VR A15 45M - 1/	(4)	ROBERT A. PUMPHREY, Bethesda, Maryland Maryl F (200)	
	45M - 1/	69	ROBERT A. PUMPHREI, Bethesda, Paryland DAMAY 15 1969	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07023 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Inst 2g. DATE OF DEATH First 2b. HOUR (Type or print) JAMES BROWN ALGER 1:15M 4 RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) DAYS HOURS White Male 7-11-17 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Maryland United States Montgomery remove corban papers. any event, within 72 h WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR be executed within give street address) during most of working life, even if retired.) INDUSTRY Olney B & O Railro Montgomery General Hospital Locomotive Engineer 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Maryland Usb County comery Box 1119 Germantown 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Middle Lost Last Hall Bertha James Brown physicion 17 INFORMANT Doris 9. Brown- wighed 65 ermantown, Md. Md certificate 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Admission Recd., Montgomery Gen. Hospital, Olney cremation, or remavol, 218-12-0450 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: requires that the death permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? detoched for use te Dept. of Health p YES | NO [TENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from feb 2, 1969, ta May 25, 1969, that (1) (we) last saw the deceased alive on May 24, 1969, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 22e. ADDRESS 22d. PHYSICIAN'S Frederick Moomau, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) Rockville, Montgomery. REMOVAL (Specify) Pumphrey, Inc. 8434 Ga. Ave. Sil.

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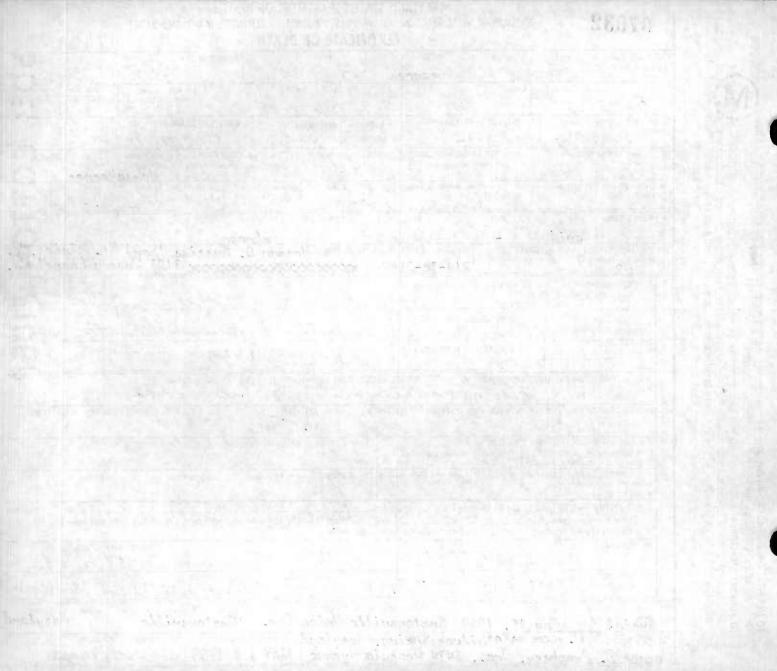
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	RAI RAI Po		22d. PHYSICIAN'S NAME (Type) Norm	an H. Rube	enstein.	M.D. 22e. ADD		Ave Sil	ier So	vinc	MJ
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death Poge 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours offer death	22.0	8URIAL, CREMATION, 23b. I			EMETERY OR CREMATORY	7 7	LOCATION (City or To		aunty)	(State)
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	we was	24.					2Sa. REC'D 8Y REG		GISTRAR'S SIGN		
	30M REV. 1 48		FUNERAL DIRECTOR Olin L. Moles	worth, Dan	nascus,	Md,	DATE AV		Cliarla		Men .
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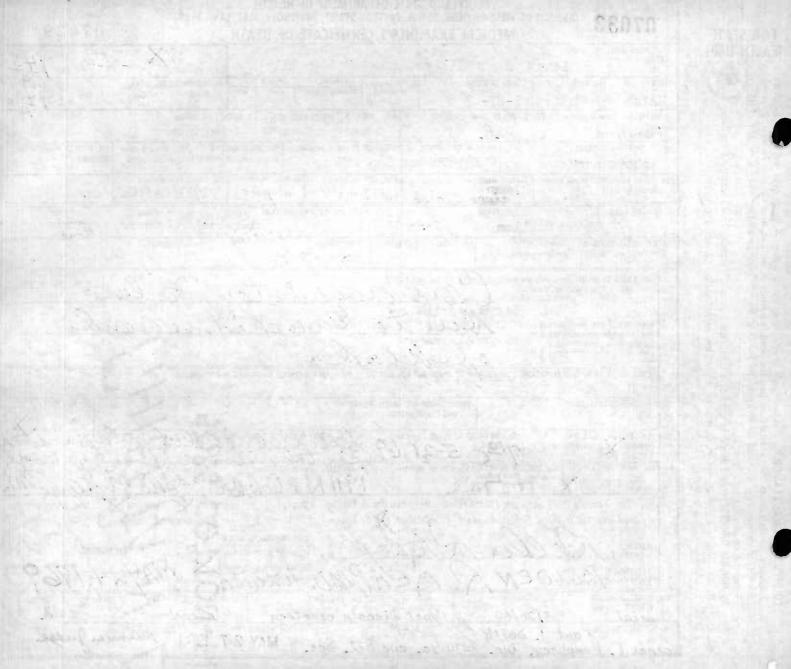
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141	MARYLAND STATE DEPARTMENT OF HEALTH 07032 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 07028
death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) ARAH Frances BURRISS 20. DATE OF DEATH Month Doy Year 21.30 PM
	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years le under 1 Year le under 24 Hrs. last birthday) 7 - 1/- 88 YRS.
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED
7/ -	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if testired.) 12b. KIND OF BUSINESS OR HOUSENESS
70 co	O. USUAL RESIDENCE (Where deceosed lived/if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b/ COUNTY P.C. 175V/14E YES NO 176 1775 NO 176 1775 NO 176 1775 NO 1776 1775 NO 1776 1775 NO 1776 1775 NO 1776 1776 1775 NO 1776 1776 1776 1776 1776 1776 1776 177
2 14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost David - KNICHT - Lost
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, sunknown) (If yes give war or dates of service) 214-36-2869 (214-36-2869) (If yes give war or dates of service) 214-36-2869 (214-36-2869) (If yes give war or dates of service) (If yes give war or dates of ser
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse (c) (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND
72	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
CEPTIFICATION	196. CONDITION FOR WHICH OF ERATION WAS PERFORMED 206. AUTOPSY? YES NO 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor [If either, notify medical examiner] P.M. 19
W	While of work of work
	220. I certify that (I) (this haspital) attended the deceased from \$\frac{1}{5}, 19\left(\frac{9}{2}\), to \$\frac{5}{1}, 19\left(\frac{9}{2}\), that (I) (we) last saw the deceased alive on \$\frac{5}{10} \left(\frac{19}{2}\left(\frac{9}{2}\), and that in (my) (our) apinion death accorred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death.
/	22b. SIGNATURE DEGREE ATTENDING MED. STAFF 12c. DATE SIGNED DIRECTOR 1 STAFF 15/12/49
	22d. PHYSICIAN'S NAME (Type) HENRY W-STOUT MD 22e. ADDRESS 10011 GEORGIA AUE SILVER SPRING MD
	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SHOULD Specify May 15, 1969 Burtonsville Union Cem. 23d. LOCATION (City or Town) (County) Maryland
METAL TO	GENERAL ORGENERY C. Glen Carter Silver Spring, Maryland 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 256. RECD BY REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR'S SIGNATURE 25

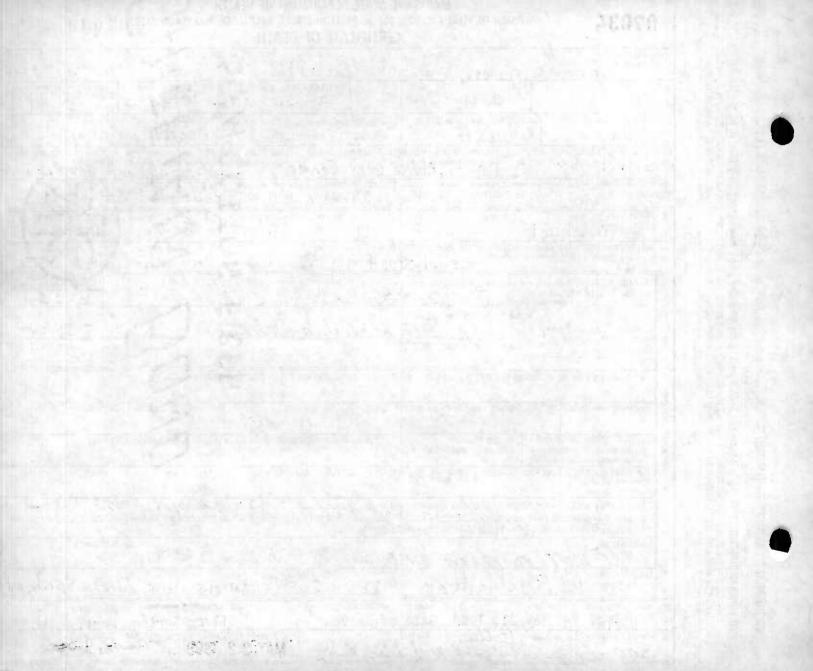


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07029 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWN Manth Day Year (Type or Print) Cade OF ESTI-William Glenn Paa 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD pup lost birthday) 1-27-63 Year Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED | Montgoerv DIVORCED | pages I and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give sweet address ton San & Hoso during mast af warking life, even if retired.) INDUSTRY Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN deoth. 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER Adelphi 1911 Red Oak Dr. YES NO farworded to the Chief Medical Exominer's Office ofter Item 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Glenn William Cade 11 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes give war or dates of service) House Chart executed event within 1B. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (b) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVA permit. IMMEDIATE CAUSE (a) DUE TO OR AS'NA CONSEQUENCE OF burial-tronsit Canditions, if any, which gave rise ta immediate cause (a), should DUE TO, OR AS A @ONSEQUEN stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, 4 should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF BEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc. WHILE AT WORK AT WORK 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection Inquiry N. and it my apinian death resulted frem: Natural causes Accident N. Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 5 may ro FUNE Health NAME (Type) ADDRESS Repricity town or county) 23o. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Fort Lincoln cemetery Bladensburg Md. 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATUL 8434 ya. ave Sil. Spr.

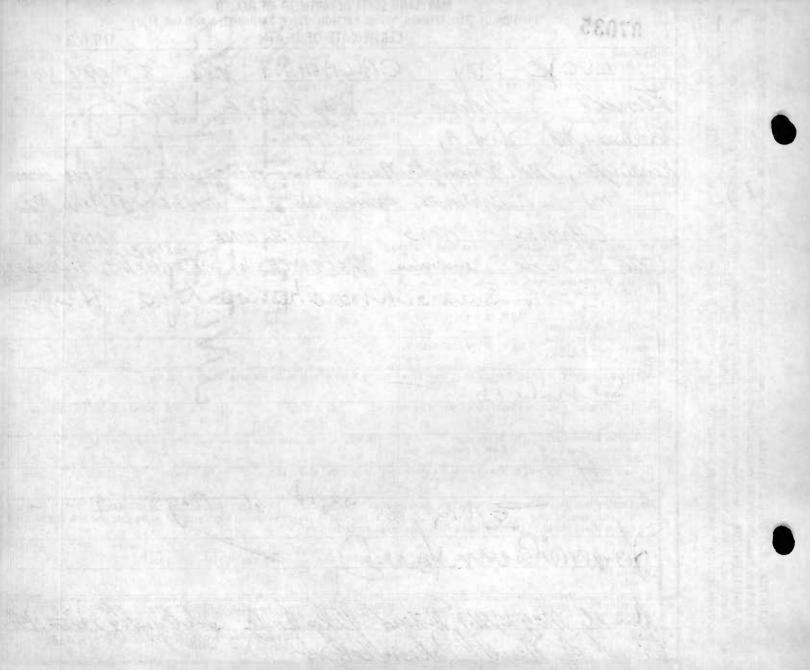
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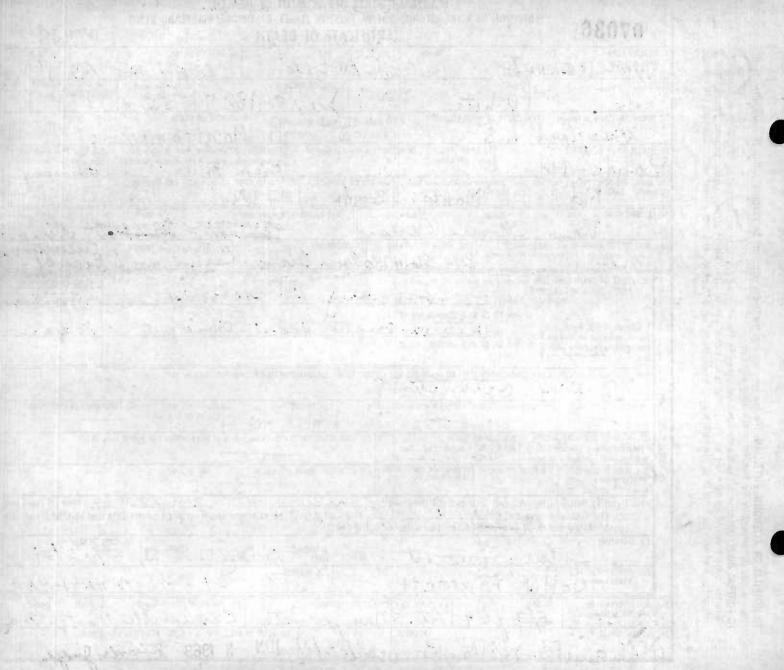
1 1 -		1		MAKTLA	ND STATE DEPARTMENT C	OF HEALTH	
100	60 3		07034	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	7030
Jo.					CERTIFICATE OF DEAT	H	. , , ,
£ =	_ 2 .i		ECEASED-NAME Firs	t Middle	Lost	2o. DATE OF DEATH	2b. HOUR
leat	eral and leat	(Type or print)	K (Francis) P.	Cahill	Month 5 Doy	18 Yeor 9 12 M
5	l (3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS
s afte	the funeral ages 1 and 2 sylafter death.		M	Can	2-20	-1892 lost birthday) YRS.	MONTHS DAYS HOURS MIN
haur	pers par pers par 72 haury		BIRTHPLACE (Stote or foreign ntry) Va.	7b. CITIZEN OF WHAT COUNTRY? $A \in A$	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH MONTRON	neril
24	filled in poper thin 72	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF I		USUAL OCCUPATION (Kind of work done	Mu.
within	ely fille ban pd within		Silver Spr	ing give street oddress has	se Conv. Center durin	ng most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Civ. Engineer
uted	siciem and campletely fill please remave carbon please remave carbon please remay event, within	13o.	USUAL RESIDENCE (Where decer ission) STATE	osed lived, if institution: Residence before 13b. COUNTY Montgome	13c CITY OF TOWN 13d INCIDE	CITY LIMITS? 13e. STREET AND NUMBER,	
exec	C K A G	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NA	ME First Middle	Lost
pe e	ciemand co		micha		p	nargaret	Morrison
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.	icate has been signed by the attending physiciem for use as the burial-transit permit. Then blease Health prior to burial, crematian, or removal, and it	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? war or dotes of service) 16b. SOCIAL SECURITY		20 Chery Chase	Conr. Center
Cer	attending phy permit. Then ian, or remava		18. CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), and (o	().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t t	it.		PART I. DEATH WAS CAUS	ED BY: DIATE CAUSE (0) Cardiac 9	Corelial Scheme		10-12 days.
de	erm n, o		4109	DUE TO, OR AS A CONSEQUENCE O	7	THE RESERVE OF THE STREET	
the the	the carried particular		Conditions, if ony, which gove			lum in	2-54000
to .	y th	10	rise to immediate couse (a)		y court we	Leco se	27
es th	signed by burial-tran burial, cre		stoting the underlying couse lost.	(1)			
hys	gne uria		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
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wa	th art	TION	190. DATE OF OPERATION 196	o. CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200, AUTOPSY?	20b. IF YES. WERE FINDINGS C	ONSIDERED IN CERTIFYING
he l	e as	CERTIFICATION		A CONDITION FOR PRINCIPOL ERVITOR PAGE		CAUSES OF DEATH?	ONSIDERED IN CERTIFING
r. T	a is a	CERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY		(Enter noture of injury in Port 1 or Port 2,	Item 18)
CIAN	this certificate has been letached for use as the B Dept. of Health prior to	MEDICAL	OR CONTRIBUTING CAUSE OF OE	ATH HOUR A.M. Month Doy Yeo	19	contribution of injury in Fort 1 of Fort 2,	10.17
YSI	cer chec pt. c	ME	21d INTURY OCCURRED 21		ACTORY.) 21f. LOCATION Street or R.F.D.	D. No. City or Town	County State
he h	this deta e De		While Not while at work	OFFICE BUILDING, ETC.			
ING by 1	fter be o		22a. I certify that (I) (t	his haspital) attended the decea	sed fram une 5.	1959, ta May 18, 19	69_, that (1) (++++) last
e du pe	he he		saw the deceased	alive an ///////////////////////////////////	and that in (my) (aur)	apinian death accurred an the do	ite and haur and fram the
E ig	th t		22b. SIGNATURE	re, (1) (we) (ala) (ala lia1) view ille	e bady aner deam.	1 22-	DATE SIGNED
Z e	3 s will		10.310111111111111111111111111111111111	made us me	DEGREE PHYS.		DATE SIGNED
1 o	Filed		22d. PHYSICIAN'S	cencercy in	22e. ADDRESS	DIRECTOR PHYS.	
PITA	TO FUNERAL DIRECTOR: After this certificate he director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health		NAME (Type)	BINARDROP	MD 808 P	ERSHING Drive Si	TOER Spring and
HOS	aul	230			F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
000	o pig		REMOVAL (Specify)	May 21, 1969 Gate	of Heaven	Silver Spring	Mont. Md.
		24.	FUNERAL DIRECTOR Jan	in Calling ADDRES		C'D BY REGISTRAR 2Sb. REGISTRAR'S	SICMATURE
	VR A15		500 Unive	ulty Blok W Si	Spr med DAMA	Y 2 2 1969 Min	in Judge
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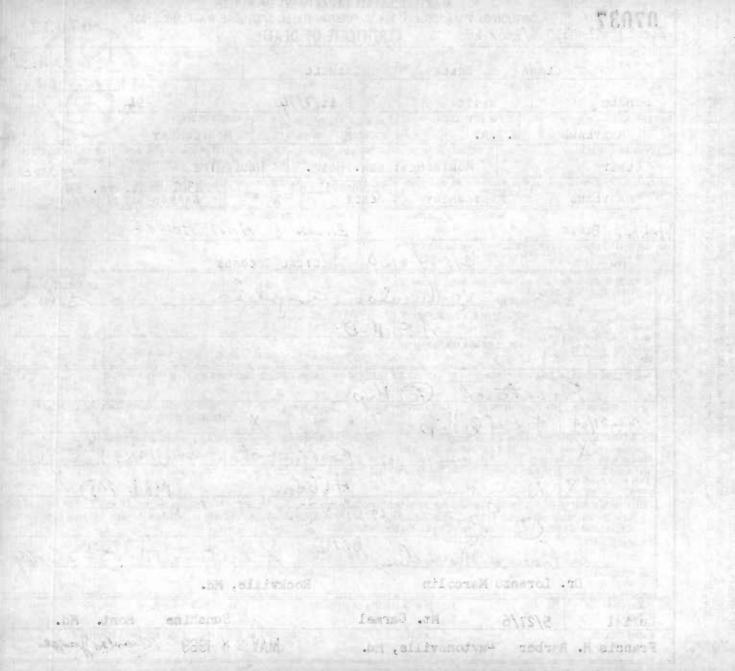
	1			AND STATE DEPARTM				
111	7	07035	DIVISION OF VITAL RECORD					
1				CERTIFICATE OF	DEATH		07031	
death. neral and 2 death.		ECEASED-NAME Fig	st Middle	COLI A CL		DATE OF DEATH Month Doy	-Voor -	2b. HOUR
er deat funeral i I and ter deat		200	AY		TAN	May 8	1969	15:14 M
after he fr ges afte	3. SI	Toma of a	4. RACE	S. DATE OF B	10/4	6. AGE (In years lost buthdoy)		UNDER 24 HRS. OURS MIN
urs Pag t	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT, COUNTRY?	18	7,1886	UNTY OF DEATH		
hin 24 hours after of filled in by the fun papers. Pages 1 of thin 2 bours after of	coul	Rolling & Ma	A Stal A	8. MARRIED NEVER MAR		Montgomery		
illed pap	1D. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital		UPATION (Kind of work done	12b. KIND OF BUS	Md.
	1	insincition,	give street address)	n Nursing Hon	during mast of	working life, even if retired.)	INDUSTRY	Henry-
completely with with with with with with with with	13o.	USUAL RESIDENCE (Where dece	osed lived, if institution: Residence befo	ore 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	10111	LICHNE.
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ond rem	14. 1	ATHER'S NAME First	Middle Lost	15. MOTHER'S MA	AIDEN NAME First	Middle	1-	Lost
ote be	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURI	ITY NO. 17. INFORMANT	9145-811	DE 3/14/5	JANSHA	ER
equires that the death certificate be exemply physician. signed by the attending physician and to burial-transit permit. Then please remo burial, cremation, or removal, and in any		es, no, or unknown) (If yes gry	e wor or dates of service)	M. En	WALES L.	SATTEDISE	ICH, FAI	11
cert g pł Then mov		18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), ond		1	MILETTER	APPROXIMATE	INTERVAL CRI
ne death cer attending p permit. The		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (0) Sulcara	howeved.	hemon	2/100	BETWEEN ONSET	AND DEATH
attendir permit.		4309	DUE TO, OR AS A CONSEQUENCE	OF			17700	
the the sit p		Canditions, if any, which gaverise to immediate couse (o	(b)			0	3550	
tho lan. by tron cren		stoting the underlying cous		OF				
equires that the physician. signed by the burial-transit is burial-transit in burial, cremati		lost.) (c)					
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	A DISEASE OR CONDITI	ON GIVEN IN PART 1(0)		
e low re tending is been os the prior to	NOL	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 2Do. AUTO	CYZQC	20b. IF YES, WERE FINDINGS CO	MCINEDED IN CERTI	EVINO
AN: The low read or attending icate has been for use os the Heolth prior to	CERTIFICATION		or companion for Miler of Electrical Mass	YES T		CAUSES OF DEATH?	MOINEKEN IM CEKII	FTING
lAN: 1 al or icate for us Healt		210. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCC	J	e of injury in Port 1 or Port 2, It	em 1B.)	
ICIA pital driffic drift af H	MEDICAL	OR CONTRIBUTING CAUSE OF OR (If either, notify medicol exor		eor 19				
DING PHYSICIAI by the hospital ifter this certifice be detached for State Dept. af He	ME	21d. INJURY OCCURRED 21	e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Stree	et or R.F.D. No.	City or Town	County	Stote
G P the det det te D		While Not while ot work		50	1	100		
NDINO ed by : After Id be le Stat	100	22a. I certify that (I) (I	his hospital attended the deced	ased from and that in (m	1960,	death accurred an the dat	27, that (I)	(wo) last
OR:	6	cayses stated aba	ve, (I) (we) (did) (did nat) vlewth	ne bady after death.	y) (obi- apinian	dediti decaned dir rile dar	e unu nuor unc	i ii am ine
OR ATTENE be retained DIRECTOR: A ie 3 should ed with the		226. SCHATURE	ACR 11	ATTENDIA	NG AMED	STAFF 22c. D.	ATE SIGNED	
L o be	-	22d PHYSICIAN'S	vacin ya	DEGREE PHYS.	DIRECTO	R L PHYS. L		
RAIL RAIL Pie pe		NAME (Type)		228. AUU	JKE22			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low rapage 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	230.	BURJAL, CREMATION, 23b	DATE 280 NAME (OF CEMETERY OF CREMATORY	ill	LOCATION (Gity or Yown)	(County)	Stote)
Pag dip		REMOVAL (Specify)	My 10,969 Win	will Hiller	Comela	Seconde	Belt	THE
VR A15 (4)	24.	FUNERAL DIRECTOR	SI MI PADDRE	iss on	250 PIGD BY RED	STRAB CO 25b. REGISTRAR'S	IGNATURE	a :
45M : 1/69	2	name of	Menell Pike	anthe 8 Ms	DATE	1000	0 6	



n .	MARYI	LAND STATE DEPARTMENT OF HEALTH	
	07036 DIVISION OF VITAL RECOR	RDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	
	11/1000	CERTIFICATE OF DEATH	07032
	DECEASED-NAME First Middle (Type of priph) RENNETH	CARLIN 20. DATE OF DEATH A Month	2 Day Sear 2b. Hour
y Pages 1. P	Male 4. RACE	S. DATE OF BIRTH 6. AGE (In last birth)	years IF UNDER 1 YEAR IF UNDER 24 HRS. day) MONTHS DAYS HOURS MIN. YRS.
72 e	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGON	DET - Md
10.	CITY OR TOWN OF DATH 11. NAME OF HOSPITAL C give street address)	OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (kind of was during most of warking life, even if Farm. Context	ark dane 125. KIND OF BUSINESS OR
13a adn	. USUAL REVIDENCE (Where deceased lived, if institution: Residence be nissian) STATE 13b. COUNTY North	efore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NO	
_	FATHER'S NAME First Middle Lo		Middle Hast
	D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service)	17. INFORMANT Grances Carlin 19	Address Circumston W
	1B. PAUSE OF DEATH (Enter anly one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
burial, crematian, ar remava	IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave)	- 41	anioniene.
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE	scleration front Obser	o 10 years
Z AL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1((a)
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WA	CAUCTO OF DEATING	FINDINGS CONSIDERED IN CERTIFYING
		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1	
MEDICAL		Tear 19 19 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
	at work at work 22a certify that (1) (this haspital) attended the dec		2 8, 19 69, that (I) (we) last
	saw the deceased alive an way gray causes stated above, (I) (we) (did) (did nat) view	19 <u>69</u> , and that in (my) (o ur) opinion death occurred a	in the date and haur and fram the
1	226. SIGNATURE John & Fawell	DEGREE ATTENDING MED. STAFF PHYS.	22c. DATE SIGNED 5/28/69
	22d. PHYSICIAN'S JOHN Faures	ft 22e. ADDRESS O. BOY DS	MARYLAND
230	36 At 5/31/69 At	ie OF CEMETERY OR CREMATORY Cath. Barnesve	elle monts. Ind
68 24.	11:00: 13 /1.04 13	4/4 1 . 11141	EGISTRAR'S SIGNATURE
	DIVINAMICI, NILVINI	mesialler African 3 1969 8	Charles ander.



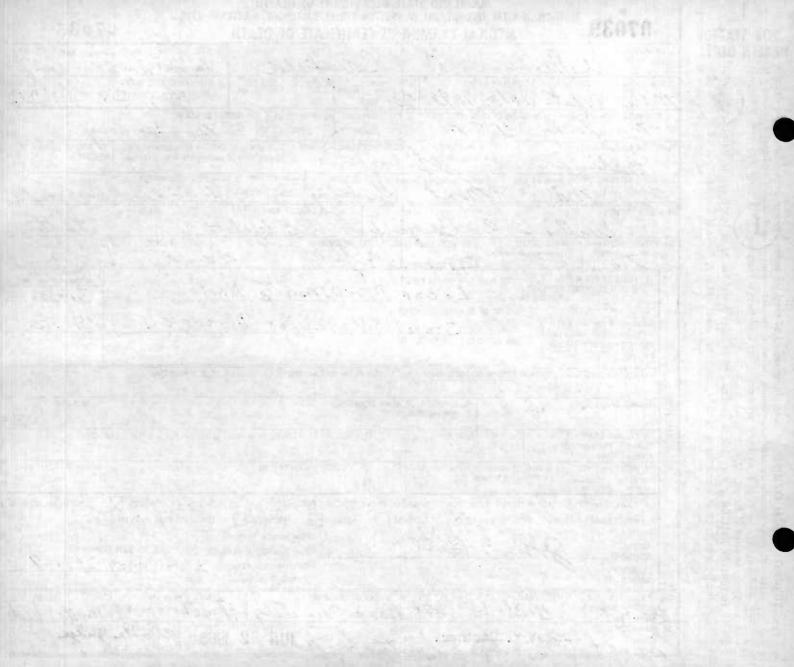
Type or point) CLARA BELLE CASHELL Month 5 Doy 24/90 69 4: SEX FEMALE 70. BIRTHPIACE (Stote or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH OLINEY MARYLAND 10. CITY OR TOWN OF DEATH MOUSE OF MARYLAND 10. CI	9	1	I	07037 teml3 FilmG413	DIVISION 6/9/69	OF VITAL RECORDS,	301 W. PI	RESTON STREET	ET, BALTIMO		YLAND 21201	070	33
S. DATE OF BIRTH 14 1/7/14 S. DATE OF BIRTH 15 1/7/14 S. DATE OF BIRTH 16 1/7/14 S. DATE OF BIRTH 17 1/7/14 S. DATE OF BIRTH 18 1/7/14 S. DATE OF BIRTH	= =	4. 14.		vno ar print)		Middle		Last	2	20. DATE OF	DEATH Dov	21Van 69	2b. HOURP 4:20
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22a. I certify that (I) (this haspital) ditended the deceosed from 1969, to 1969, to 1969, that (I) (we saw the deceased alive on 1969, and that in my) (our) opinion death occurred on the dote and hour and from courses stated above (I) (ve) (did (did not) view the body after death.	PHYSI e hasp	tachec Dept. c	ME	21d. INJURY OCCURRED 21e. P	, , , , , , , , , , , , , , , , , , , ,	IRY (AT HOME, FARM, STREET, FAI	CTORY.) 21f. LC	4-1-1	or R.F.D. No.			County	State
saw the deceased alive on 19 49, and that in my) (our) opinion death occurred on the date and hour and from courses stated above. (I) (we) (did) (div not) view the body offer death.	er ±	ate ate		22a certify that (1) (this	hasnital	ittended the decens	ed from		19 69	to h	Lan 2 5 19	6 % that ((we) last
22b, SIGNATURE 22c, DATE SIGNED	TENDII ined by	the Str		saw the deceased ali couses stoted obove	(I)' (we) (d	did (dhe not) view the	9_69, one	that in (my), deoth.	(our) opinia	ın death o	ccurred on the dot	e and hour or	id from the
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THE STAFF DEGREE PHYS. DEGREE P	ITAL C may b RAL DI	be file		22d. PHYSICIAN'S	1	Marcolin	^~	22e. ADDRES	SS		11112		-
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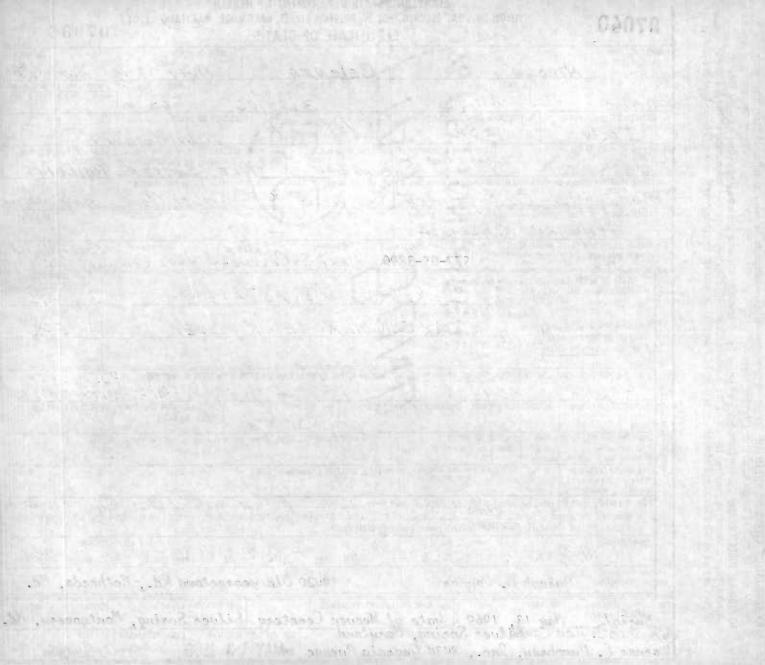
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	he a se a	IFIG.	1000					YES [NO.		S OF DEATH?			
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	ERA FRA Jr., I		NAME (Type)	Stuart	L. N	elson								
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Toneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	230	BURIAL, CREMATIO	N. 23b. D			F CEMETERY OR (REMATORY		23d. LOCATI	ON (City or Town	1)	(County)	(Stote)
	5 0 P P		REMOVAL (Specify)	5/	6/69	Ft.	Lincol	1		Colr	nar Ma	nor	PG	Md.
		24.	FUNERAL DIRECTOR		-,-,-	ADDRE:	S		25a. PEC'D BY	REGISTRAR	25b. REGIS	JRAR'S S	GNATURE	
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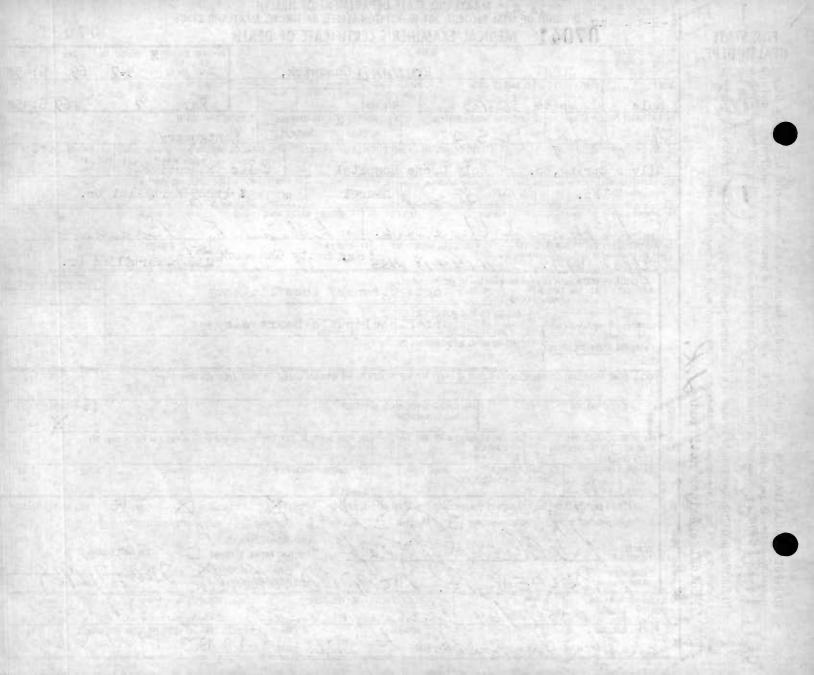
	MAKTLANU STATE DEPAKTMENT OF HEALTH	
FOD CTATE	07039 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	35
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	(Type or Print) (A) (OF ESTI-	Yeor 2b. HOUR
y is 3 to oge	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	1090- PM
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ny deloy is 2, and 3 to PM3. Poge epocragent of	11/1000 (0 1000 10/3/1/0 1/0 1KS.)	961 201
- E	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	
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fter Giv ong	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
M	admission) STATE md 13b. COUNTY mont Cartherbury YES NO 11520 Game Pres	ever le
24 hours in Item r's Office es 1 and 2 urs offer	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	Wellion R Caufuld Elizabeth J	kelton
0/ 55 -	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ocunknown) (If yes give war or doiles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	as
within pencil Examine Examine File pag	119-46-5034 Suster may Rymis	about
al E	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ROXIMATE INTERVAL EN ONSET AND OEATH
ecur ling edic errm	IMMEDIATE CAUSE (a) 28081 / 170001112	days.
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buri d in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	to the state of th	State
L EXAM ecute th Page 4 or your R:Poge	WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK	
DEPUTY SICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should brior to burial, cremation	22a. I certify that I took charge of the remains described abave, held an Autapsy, Inspection Z, Inquiry Z, and	I in my opinion
e e e crtor.	death resulted fram: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
ITY DICA SICA TY, please ereral director be retained RAL DIRECTOR Parior to but to but to but the side of the side	CHIEF MEDICAL EXAMINER	
AL Pario	ACTUAL SIGNATURE SIGNATURE	1010
Ssary, promoted and be related and be related to the related to th	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1767
ro DEPUTY necessary, the funera 5 may be ro FUNERA! Health pr	NAME (Type) ADDRESS(Street, city, town, or county)	(6)
0 = = ~ 0 = /	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
W,	24 MUNERAL DIRECTOR ADDRESS 1250, REGISTRAR 1250, REGISTRAR'S SIGNATURE	19 14d
VR A15ME (5) 10M REV. 1/68	mes & Expest Gartner . Jasther fung Modell 2 1969 Charles	
10M REV. 1/68	most comment parent of office	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07036 CERTIFICATE OF DEATH funeral 1 and 2 ter death. 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 24 hours after deoth. (Type or print) Month Doy Yeor 11002 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS WHITE 177174 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ottending physicion on compensy more nermit. Then please remove carbon papers. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) THESDA burial, cremation, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? executed 13b. COUNTY YES 🔀 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost GENNARO requires that the death certificate be CELENZA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI Address Yes, na, ar unknown) 577-05-3890 CELENZA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) burial-transit rise to immediate cause (a), be retained by the hospital or attending physician. DUE TO, OR AS A CONSPOUENCE OF stating the underlying cause! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PULMONAR! TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use os the shauld be filed with the Stote Dept. of Heolth prior to 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from Nove saw the deceased alive an 17 7, 1967, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22e ADDRESS Old Georgetown Rd., Bethesda, Md. 22d. PHYSICIAN'S Joseph D. Connor NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring Montagmery. roalver Springoress aryland 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Pumphrey, Inc., 8434 Georgia Avenue DAMAY



1 1 3	Įt	ems 18&22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE	0-	17041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0703	37
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		John Haward Chadwick Killian F. Ba	ssur	
within 24 pencil in xominer's ile pages 72 hours		MAS DECEASED EVER IN U.S. ARMED FORCES? 6s. na. or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Betty Chadwick 25/2 ADDRESS Mark	alini De	
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cal Exa execute or. Page of for you TOR: Page urial, cre	5.5	220. I certify that I taok charge of the remains described above, held an Autopsy N. Inspection Inquiry		my opinion
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07039 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOURD (Type or print) Henri deBalathier CLATBORNE Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Male Caucasian HOURS Aug. 11, 1903 the attending physician and completely filled in by the certain nermit. Then please remave carbon papers. Page 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Louisiana Montgomery USA WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR NDUSTRY Officer giver test des Mospital during most of warling life, even if retired.) Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Essex Center Cross YES NO X *** 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle Last Villere Fernand Claiborne Louise 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) 224-62-2768 Mrs. Harriot Claiborne, Center Cross, Va. burial, cremation, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the Esophagus o mos. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of wark 22a. I certify that M (this hospital) attended the deceased fram April 27, 1969, to May 5 saw the deceased alive an Max 5 19 69, and that in (60) (our) apinion death accurred on the date and hour and from the causes stated abave, (t) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED 6 May 1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)MITCHELL MILLS. CDR MC USN Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) By REMOYAL (Specify) Arlington National Cem. Arlington,

25b. REGISTRAR'S SIGNATURE

DATE

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Funeral Home 250. REC'D BY REGISTRAR

7557 Wisconsin Ave., Bethesda, Maryland

VR A15 (4) 45M · 1/69

within 24 haurs after death

requires that the death certificate by executed

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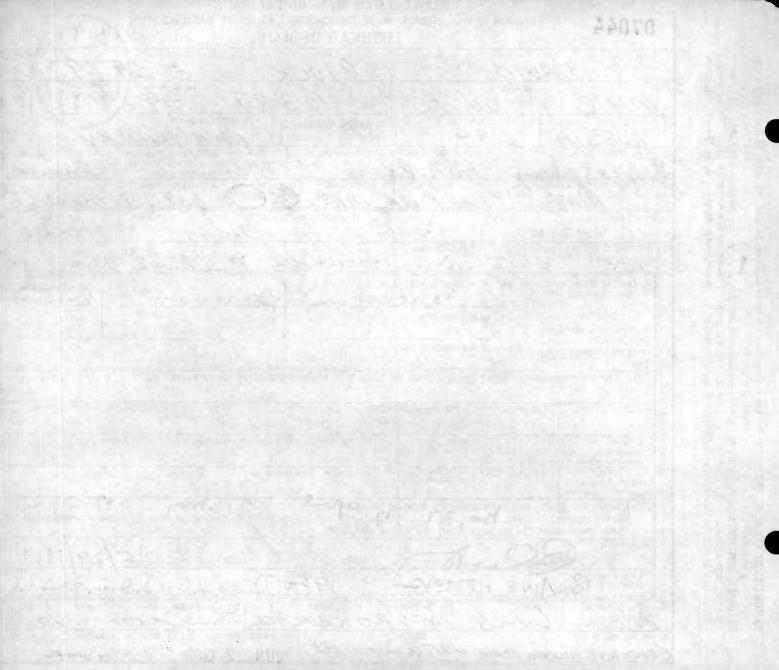
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MARYLAND STATE DEPARTMENT OF HEALTH



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the att	CERTIFICATION				YES _	NO 🖾	CAUSES OF DEATH?	
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OR ATTENDING PHYSICIAN: The be retained by the hospital or atte DIRECTOR: After this certificate has ge 3 shauld be detached far use a ed with the State Dept. af Health pu	×	21d. INJURY OCCURRED While Nat while at wark of work	21e. PLACE OF INJURY	NT HOME, EARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or	r R.F.D. Na.	City or Town	County Stote
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ro Hospital Page 4 may ro Funeral i director, pag	The state of the s							
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Page of F		Cremation	6/2/69		Hill Cremator	y 2	Suitland, Mary	
VR A15c(4)		FUNERAL DIRECTOR		ADDRESS		a. REC'D BY REGIS		SIGNATURE
45M - 169	Jo	seph Gawler	's Soms, 5130	Wis.Ave,	Wash., D.C.	ATEUN 5	1969 Action	les jugge

07046 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07042 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years within 24 hours after IF UNDER 1 YEAR IE LINDER 24 HRS physician and completely filled in by the fen please remove carbon popers. Poges lost birthday) MONTHS DAYS HOURS CAUCASION YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [MONTGOMERY WIDOWED I 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY-G-TO event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed 136 COUNTY WASHINGTON CONOCHEASU odmission) STATE OUTE any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle ond in 160. WAS DECEASED EVER IN U.S. 17. INFORMANT Address / or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), or BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, physician. signed ! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ed for use as the book of Heolth prior to b Poge 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. directar, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from , and that in (my) (aur) apinian death accurred an the date and haur and fram the 3 should causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUA 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE O HOSPITAL PHYSICIAIN: 22e ADDRESS NAME (Type) BURIAL CREMATION 23b. DATE 23c. NAME OF CENETERY OR CREMATORY (County) (Stole) FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 45M · 1/69 Messely

MAKTLAND STATE DEPARTMENT OF HEALTH

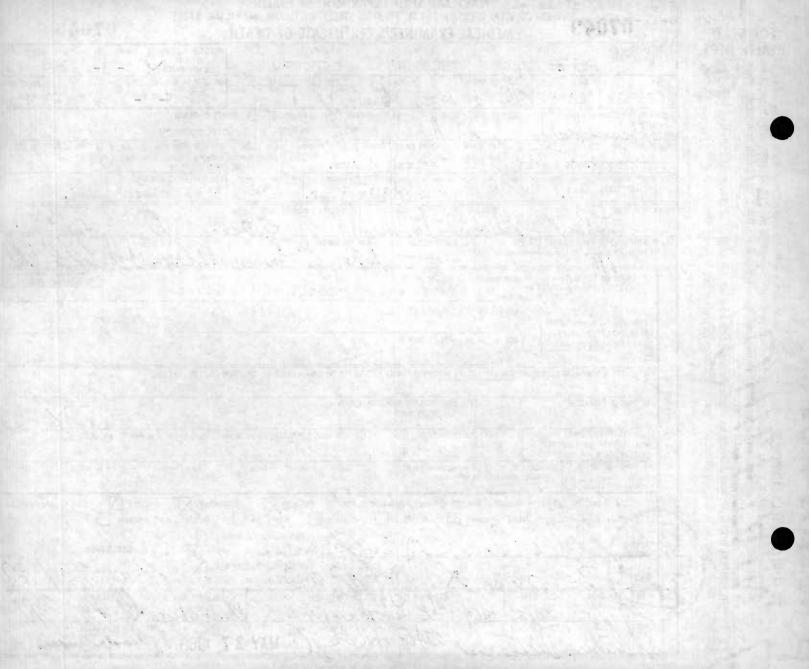
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©DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2o. DATE KNOWN Yeor (Type or Print) OF ESTI-Jurphy Page deloy and 3 6. AGE (In years 3 SEX 4 RACE IF LINDER 24 HRS 2r DATE PRONOUNCED DEAD S DATE OF RIPTH male O YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form WIDOWED DIVORCED [Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY 13e. STREET AND NUMBER / Electedes (2) 130. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 10690 YES NO pages lond 2 Middle IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME n pencil in l Mallers II hours 5 Alex. Va. 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Alison Cravens 528-34-6033 within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) be executed the Chief Medicols BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Barbiturate poisoning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Overdose of barbiturates rise to immediate couse (o), any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ond in 4 should be forwarded to 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) removal. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES X NO [pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY accurred (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING cremation, MEDICAL Took overdose of barbiturates EXAMINER: May 111969 CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) Apartment FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 10690 Weymouth Ave. Bethesda Montg. Md. please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection D Inquiry X and in my apinian death resulted fram: Natural causes Accident . Suicide X, Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy by
TO FUNER.
Health DEPUTY MEDICAL EXAMINER 'SC **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) the 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) may 16, 1969 Baltimore National Baltimore, Maryland Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Minney George VR A15ME (5) Cunningham Funeral Home, Inc. Alex., Va. 1969

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2/12	Items 18&22aFilm 413 MARYLAND STATE DEPARTMENT OF HEALTH 5-12-69-80-01/05/05/05/05/05/05/05/05/05/05/05/05/05/	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07845	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. H	OUR
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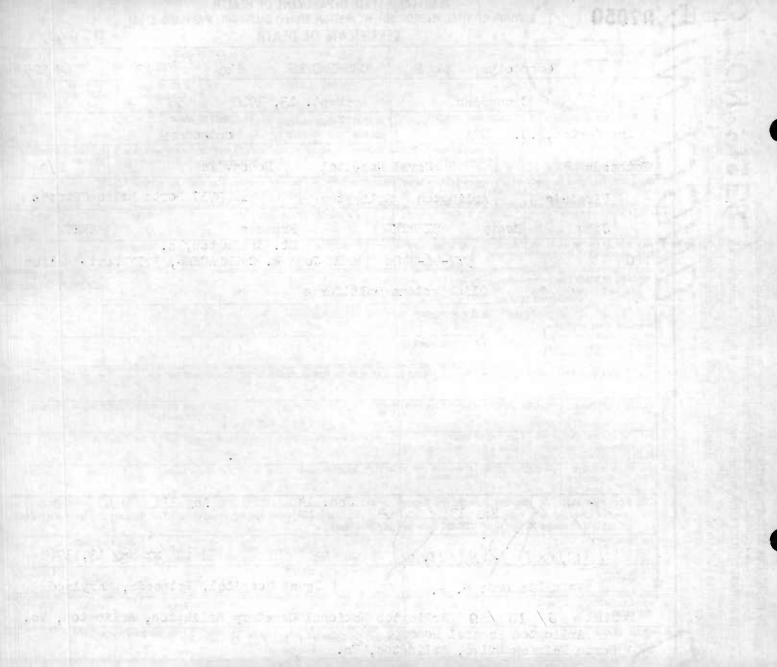


MARYLAND STATE DEPARTMENT OF HEALTH 07050 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07046 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last death. 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral lave carban papers. Pages I and weent, within 72 bours after death (Type or print) Month 13 CRUMPACKER May Gwendolvn Monier 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lest birthday) Female Caucasian Sept. 13, 1910 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED - NEVER MARRIED please remave carban papers. USA Washington.D.C. and in any event, within 72 WIDOWED | DIVORCED [Montgomery 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done give street oddress Naval 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Bethesda Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO 3717 North Nelson Street Arlington rginia Arlington 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Middle attending physician and permit. Then please rem Lost BINSTED Frances John Henry SMITH St. Arlington, Va. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 77-46-9428 burial, crematian, ar remaval, RADM John W. CRUMPACKER, 3717 North Nelson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Glioblastoma multiforme IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the c Canditions, if any, which gave rise to immediate cause (a), Page 4 may be retained by the haspital ar attending physician. stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar ta b 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) O HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from Jan. 14, 1969, to May 13, 1969, that (1) (we) lost saw the deceased alive an May 13 1969, and that in (1984) (our) opinion death accurred on the date and have and from the couses stated abave, (we) (did) (was now yew the body after death. 22b. STONATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR May 13, 1969 DEGREE 22d. PHYSICIAN 22e. ADDRESS NAME (Type) Evans Naval Hospital, Bethesda, Maryland Diamond 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) Arlington National Cemetery Arlington, Arlington, Arlington Funeral Hennes 25by REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

DATE

3901 North Fairfax Drive, Arlington,

VR A15 (4)



\$ Services Berling A. C. V.M.

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the fundages I saffer	3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH 12-11-79	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
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RECTO	22b. SIGNATURE	Omen and		ED. STAFF 22c.	DATE SIGNED			
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Page 4 directo shaulc	REMOVAL (Specify) ial	5-23-69 Burton	CEMETERY OR CREMATORY aville Union	23d. LOCATION (City or Town) Burtonsville	(Caunty) (State) Mont. Md.			
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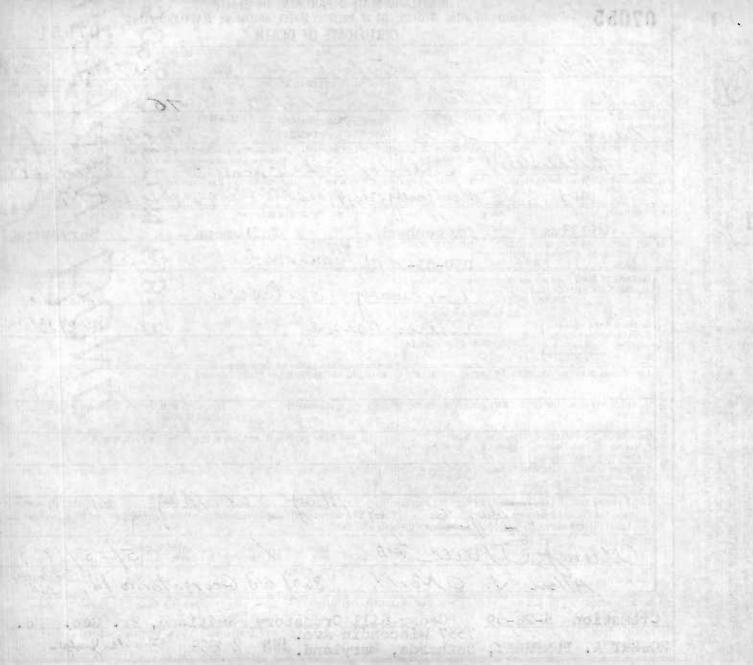
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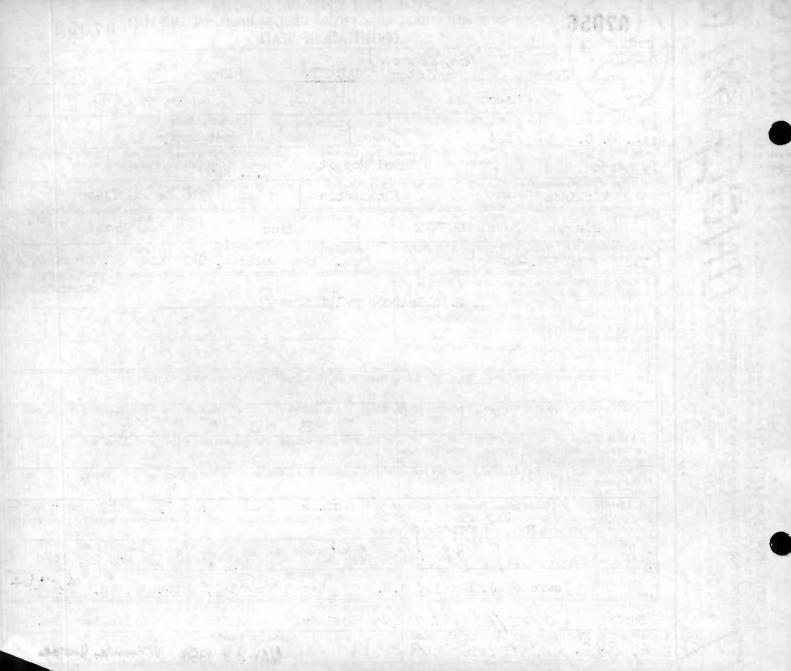
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for fter	3. 5		4. RACE	2501/4		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
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4 9		BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT		8. MARRIED	NEVER MARRIED	9. COUNTY OF			
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on)	14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAME		Middle	12.1	Last
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an an	160	I. WAS DECEASED EVER IN U.S. ARMEI Yes, no. grunknawn) [(If yes give war	D FORCES? or dates of service)	Sb. SOCIAL SECURITY	NO. 17. IN	IFORMANT		Address	19.23	
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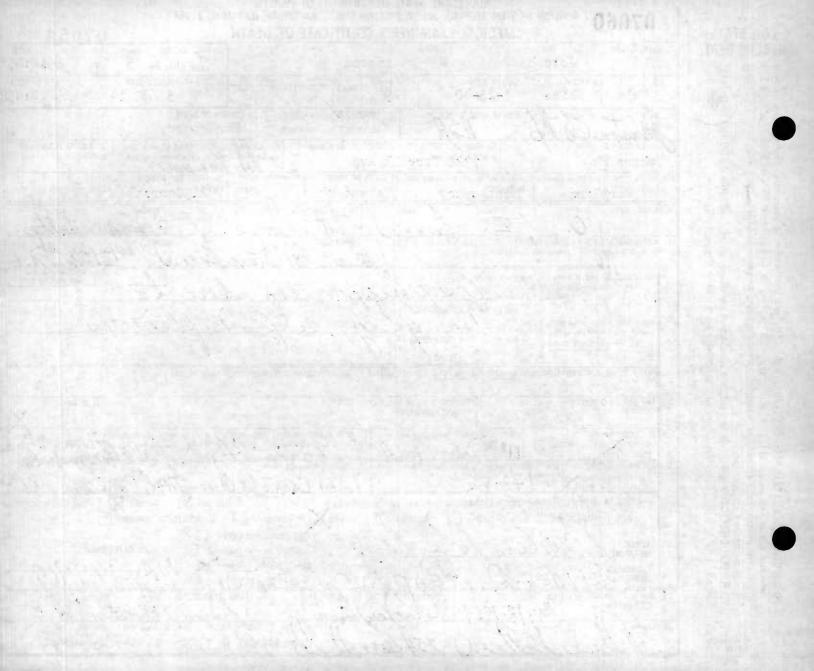
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07053 1. DECEASED-NAME HEALTH DEPT. First Middle last 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-40 0 Page a M DEATH MATED 30 IF LINDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years 2c. DATE PRONOUNCED DEAD 2d. HOUR puo PM3. last birthday) Year 3-7-5 luh YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Poges 1, country) WIDOWED DIVORCED | the State on Togiaser W 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done give street oddress) /+ 0/4 (KOSJ during most of working life, even if retired.) INDUSTRY Giye 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lond 2 with odmission) STATE 13b. COUNTY 00 Egeneer Silver Sprin YES X NO 2101 Fair in Item Middle IS MOTHERS MAIDEN NAME 14. FATHER'S NAME First Middle #Lost hours pages 16b. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT in pencil be executed within (Yes. no. or unknown) E within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Coronar Soddan IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Vaseular Disease Conditions, if ony, which gove Years. rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF should stating the underlying couse = forworded to pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 Left-Homerus + Lett-H be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? May 23 69 Pair d. Frature-Hip_ NO V YES T please execute the certificate, 21o. EXTERNÁL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should should PRIMARY OR CONTRIBUTING EXAMINER: cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.E.D. No. City or Town County 21d. INJURY OCCURRED State foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Poge NOT WHILE AT WORK Pilver Spring Noont 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 5 Inquiry 3 and in my opinion death resulted from: Natural causes . Accident \ Hamicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 235 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City for Town) 23o. BURIAL, CREMATION, (County) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

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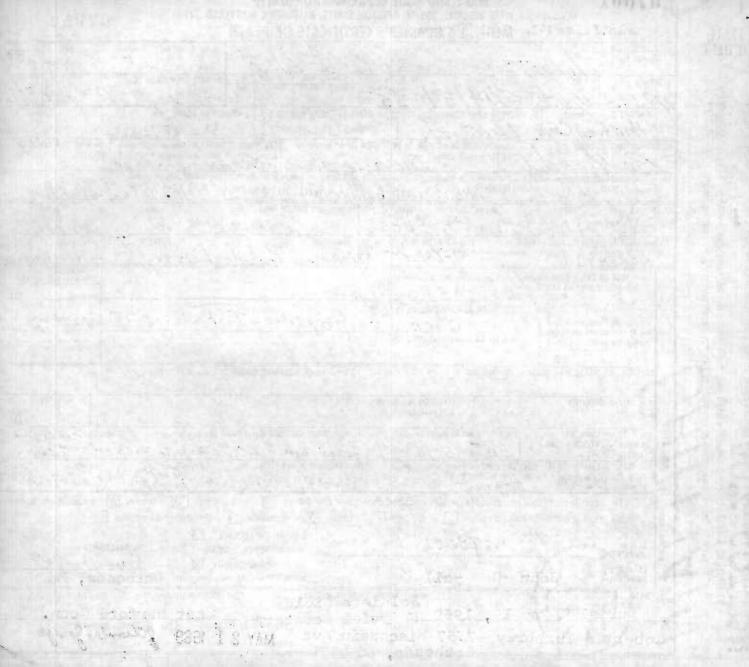
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07060 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07056 HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2g. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) OF ESTI-DEATH MATED Joseph W 1.6912:45F Eason Page to S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS 4 RACE 3 SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. partme 1-25-40 Doy 14 12:45P Mala White 70. BIRTHPLACE (Stote or foreign A76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Montgomery WIDOWED [DIVORCED [Give Pages he State O CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give eyestrudrees arroll during hos of forking life, even if retired.) INDUSTRY Takoma Pk Macion) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER odmission STATET and 13h County omerv 7321 Carroll in Item 18. Takoma Pk YES T NO T 24 hours after and Middle IS. MOTHER'S MAIDEN WAME 14. FATHER'S NAME First Middle the Chief Medical Examiner's haurs pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. INFORMA **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) Ei .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line to (a), (b), and (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 OS removal nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe shauld be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 6 21c. HOW INJURY OCCURRED (Fater notice of injury in Part 1 3 shauld PRIMARY OR CONTRIBUTING EXAMINER: cremation, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street of R.F.D. No. factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE please execute AT WORK burial. 22a. I certify that I took charge of the remains described above, held on Autopsy [Inspection' Inquiry and in my apinian death resulted from: Natural couses Accident Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEBUTY MEDICAL EXAMINER may **EXAMINER'S** S may TO FUNE Health NAME (Type or county) the BURIAL REMATION CREMATORY DOCATION (City or To KEMIOVAL (Specify) 24. FUNERAL DIREC 50. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68



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- H	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	057
FOR STATE	Item#16bFilm#G412 MEDICAL9EXAMINER'S CERTIFICATE OF DEATH	
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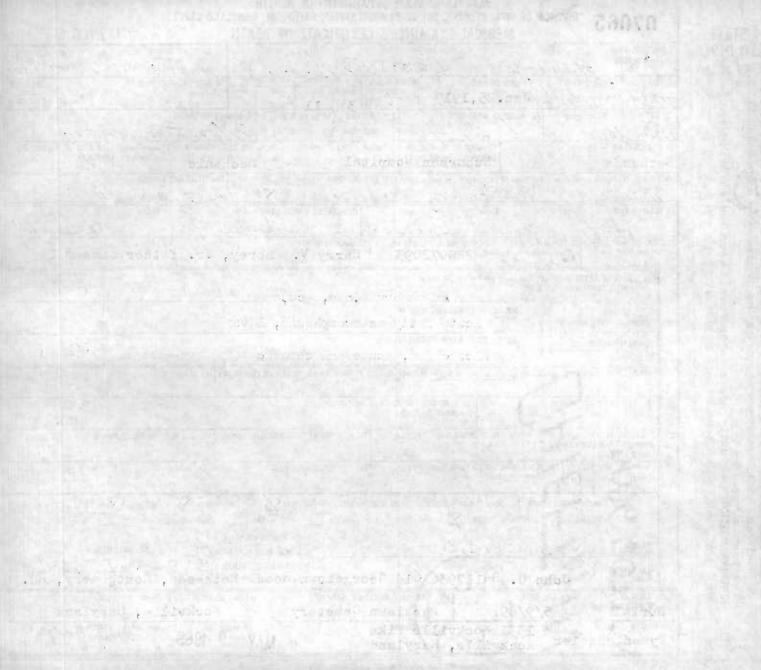
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	physi he hasp this cer letached	ME	21d. INJURY OCCURRED While Not while 1 Street or R.F.D. No. City or Town County State
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	O HOSPITAL Page 4 may O FUNERAL I directar, page		22d. PHYSICIAN'S NAME (Type) BLAIN E H E/G 22e. ADDRESS 9801 Design are developing hd. BIBIAI (PEMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County (State))
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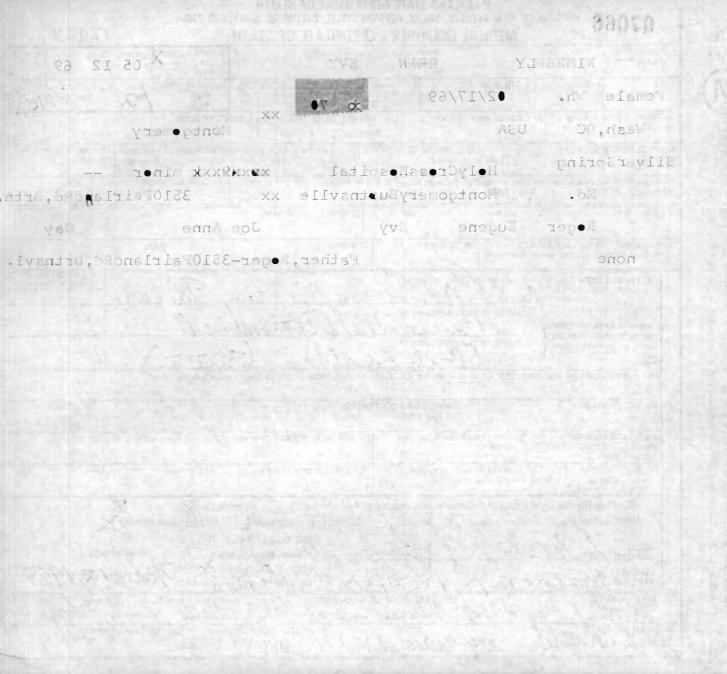
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		WAS DECEASED EVERYN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 220072093 17. INFORMANT Harry V. Embrey, Sr. father	same # 13
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema, acute	Suddin
Н		57/O DUE TO, OR AS A CONSEQUENCE OF	
		(anditions, if ony, which gove nse to immediate cause (a). (b) Acute fatty metamorphosis, liver	
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	11
		(c) Alcoholism, acute and chronic	Years.
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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ŀ	MEDICAL	CAUSE OF DEATH P.M. 19	
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ŀ		AT WORK AT WORK	
i		22a. 1 certify that I taak charge of the remains described above, held an Autopsy 📈 Inspection 🔼, Inquiry 🗍	
1		deoth resulted from: Noturol couses 🖾 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
		ACTUAL Of & B CO CHIEF MEDICAL EXAMINER CONTROL OF STREET	
		SIGNATURE	SIGNED -
1		EXAMINER'S John G. Ball7936 Old Georgetown Repedical Examiner Deputy Medical	4-1,1969-
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	230. F	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 3 urial Specify Parklawn Cemetery Rockville, M	
		FUNERAL DIRECTOR 1331 RockvilleDDRPSike 250. RECTO BY REGISTAR 25b. RECUTAR'S	
		yson Wheeler Rockville Maryland DATE WAY 9 1969	res Judge



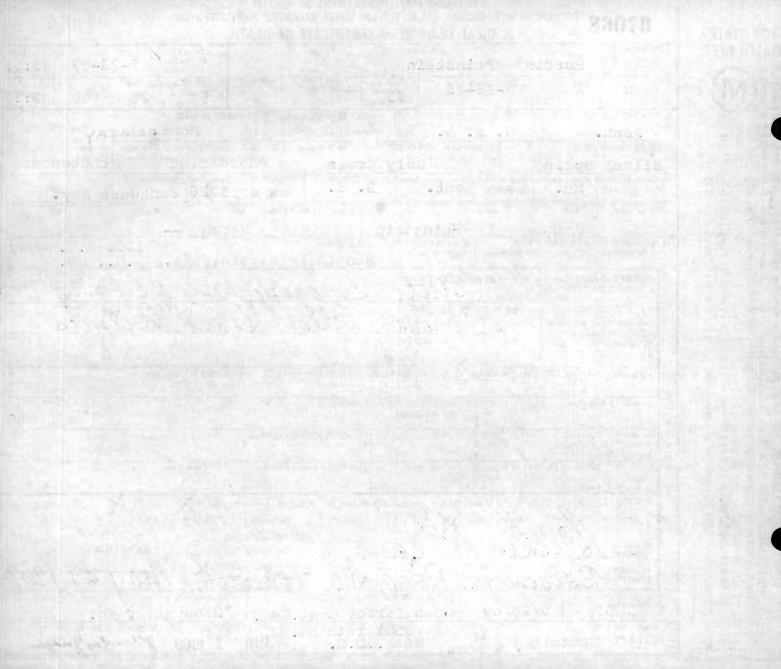
07066 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN 2h HOUR Year (Type or Print) KIMBERLY DEAN 05 EVY 69 DEATH MATED [delay IF LINDER 24 HRS. 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Female Wh. 02/17/69 N 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED 9. COUNTY OF DEATH Office olong with form country) Wash. DC USA Montgomery DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY SilverSpring HolyCrossHospital

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN maxmaxxx miner 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER and 2 with odmission) STATE Md. NSb. COUNMOntgomeryBurtnsvile YES KINO [3510FairlandRd, Brtn. after Middle 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First Roger Eugene Evy Joe Anne Day /<u>⊆</u> 4 should be forwarded to the Chief Medical Examiner's hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) Father, Reger-3510FairlandRd, Brtnsvl. File 2 within 18. CAUSE OF DEATH (Enter only one couse per lipe BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event burial-tronsit Canditians, if any, which gave rise to immediate cause (a). certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 removol 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO [pe 21a. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 220. I certify that Lipok charge of the remains described obove, held on Autopsy , and in my opinion Inspection 🔀 Inquiry X director. Accident 7 death resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE _ may **EXAMINER'S** ADDRESS (STEEL City, boying or county) NAME (Type) 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68



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	CERTIFICATION	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO DEATH BU	TO KAKE I	20a. AUTOPSY?	201	b. IF YES, WERE FINDING	GS CONSIDERED IN (ERTIFYING
	RTIFI						XX	USES OF DEATH?		
	MEDICAL C	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O (If either, natify medical ex-	F DEATH HOU	TIME OF INJURY R A.M. Month Day Y. P.M.	ear 19	/ INJURY OCCURRED (E	Enter nature af	injury in Port 1 or Port	2, Item 1B.)	
	W	at work at work		NJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.				City ar Town	Caunty	State
		22a. I certify that (I) saw the decease causes stated ab	(this_hospix d alive an_ oove, (I) (we	il) attended the dece / Sy / g (did) (did not) view t	osed from 19 19 2, and he body ofter de	that in (my) (cos) ath.	9 <u>65</u> , to opinion dea	th accurred on the	19 <u>65</u> , that date and hour	(I) (we) last ond fram the
		22b. SIGNATURE	9. h	Muts	DEGREE	ATTENDING PHYS.	MED. DIRECTOR		May 20,1	969
-		22d. PHYSICIAN'S NAME (Type) A	rthur J.	Wilets		22e. ADDRESS.	ing, St	. Silver S	pring, M	aryalnd
	23a.	DEMOVAL (C:(L.)	23b. DATE May 23.		OF CEMETERY OR CI	ematory gton Cemer		ATION (City or Town) yattsville		(State) ryland
		FUNERAL DIRECTOR	Kx h	ASILIAN ADDR	Since Mar	2Sa. REC	D BY REGISTRA	R 2Sb. REGISTRA	AR'S SIGNATURE	cycaria
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exe	ema any	14.	FATHER'S NAME First	Middle Lost	15. M	OTHER'S MAIDEN NAME		Middle	Lost
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8	DIRECTOR: A DIRECTOR: A Je 3 shauld led with the	1	CP 11/a	trutt M.A	 DEGREE 	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	5/3/	69
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MARYLAND STATE DEPARTMENT OF HEALTH 07070 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07866 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death. 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death. (Type or print) Thomas Month 45 AM nmn FERRARO 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS DAYS Male Caus 4/7/84 85 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA WIDOWED X DIVORCED [Montgomery filled and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH within 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR give street oddress) University Narsing during most of working life, even if retired.) INDUSTRY remave carban campletely BRICK laver. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE 13b. COUNTY 509 Massachusetts Ave NW Washington YES IN NO 14. FATHER'S NAME and First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost pe RRARO ease physician requires that the death certificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) burial, crematian, ar removal, MECORDS- WHEATON, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND OF ATE permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove : burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSPOUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Health prior tab nemunica as the TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [be retained by the hospital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor be detached for State Dept. af H (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while City or Town Stote County ot work 22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) love) opinian death accurred an the date and haur and from the saw the deceased alive on director, page 3 shauld shauld be filed with the couses stoted above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETER OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) CEMETERY NGRESSIONAL REGISTRAR 2 1969 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE liances VR A15 (4) 45M - 1/69

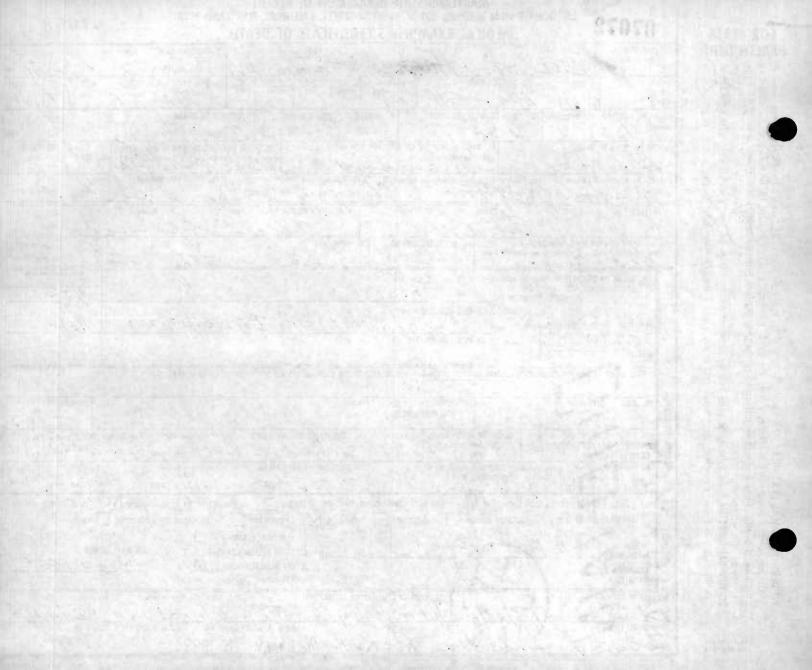
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07071 07067 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type ar print) Month 3. SEX 6. AGE (In years IF LINDER TYEAR DAYS HOURS CAUCASIAN 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH the attending physician ona compayor, mapers, in nermit. Then please remove carbon papers. U.S. A. WIDOWED DIVORCED [MonTGomeRy 10. CITY OR TOWN OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07068 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month Doy Year 2b. HOU (Type or Print) ESTI-Page pertment-of DEATH MATED . 63 delay IF UNDER 24 HRS. 4. RACE DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR P.M3. 7o. BIRTHPLACE (State or Coreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form 11.5A WIDOWED [DIVORCED 18. Give Pages with the State 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even it retired. INDUSTRY 130: USUAL RESIDENCE (Where deceased lived; if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 🗍 and 2 24 hours after pencil in Item 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME er's Office Middle pages hours 160. WAS DEPEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN **ADDRESS** Chief Medical Examif (Yes, no, or unknown) . I Alf yes give war or dates of service) File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 km. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ben Monoxide Forton/atien burial-transit Conditions, if ony, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 00 remaval used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ficate, pe should be 50 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) in gaine 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY SO OR CONTRIBUTING [HOUR A-M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State WHILE AT WORK AT WORK factory, affice building, etc.) Clarksburg. mont romin mre Garage 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion deoth resulted from: Notural couses Accident Suicide M Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health may NAME (Type) ADDRESS(Street, city, town, ar county) 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. VR A15ME (5) 1969 10M REV. 1/68



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o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) John G Ball ADDRESS(Street, city, town, or county) Bethe	//
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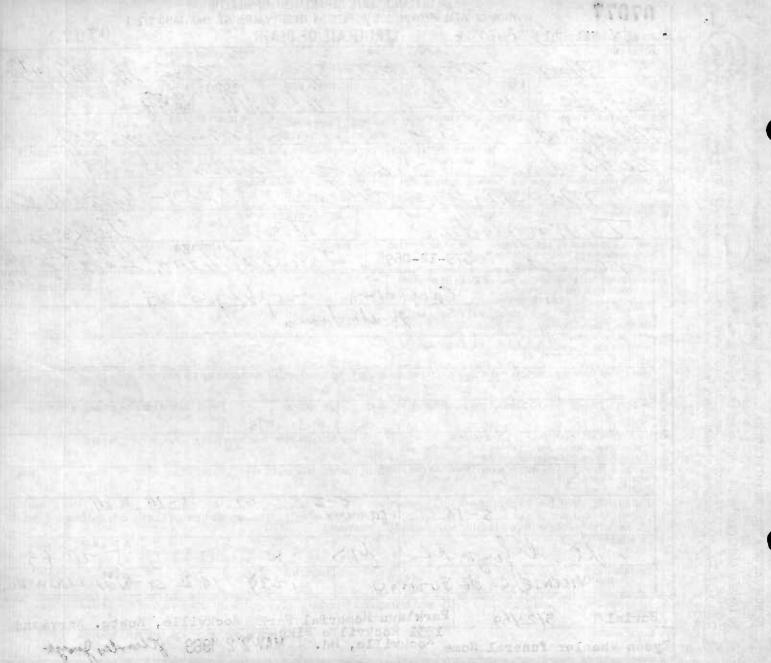
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07076 07072 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Month IEDMAN burial-tronsit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in ony event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR in by the Pages last birthday) MONTHS DAYS HOURS 10-20-00 68 YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) U.S.A. Poland WIDOWED DIVORCED Montgomery completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** ross Upholstering Uphols 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY 1416 Washington NO T Ogelthorpe St Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last and ATTENDING PHYSICIAN: The low requires that the death certificate be Louis Friedman Gitel physician a 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. WIFE 1 (If yes give war ar dates of service) Yes, na, ar unknawn) REBECCA FRIEDMAN - AS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if dny, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the Stote Dept of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 Page 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from June 1964, ta saw the deceased alive an 30 APRIL 19 6 and that in (my) (our) apinian death occurred an the date and hour and fram the causes stated above, (1) (we)(did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 41) ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS -PERSHING DR. SIL.SP NAME (Type) MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b, DATE (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) WASHINGTON ELESAVETERAD CEM. AY BY REGISTRAR 969 25b REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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moy moy		PHYSICIAN'S NAME (Type) VICENTE	C. de GUZMAN	22e. ADDRESS / 734	19 th ST NO	W WASH DC.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exec Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond codirector, page 3 should be detached far use as the buriol-tronsit permit. Then please femonally have been signed by the state Dept. of Health prior to buriol, cremation, or removal, and in any	23a	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY	DR CREMATORY 230	d. LOCATION (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07078 07074 CERTIFICATE OF DEATH 2b. HOUP M 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH completely filled in by the funeral nove corbon papers. Pages 1 and 2 by event, within 72 buts after death. requires that the deoth certificate be executed within 24 hours after death. (Type ar print) Month Gardner, Sr. James Lawrence 1:00 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In veors last birthday) MONTHS HOURS 6 March 1919 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED rennsylvania DIVORCED [USA WIDOWED [Montgomery 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of warking life, even if retired.) INDUSTRY burial, cremotion, or removal, ond in any event, witl Bethesda Aircraft Co. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 135. COUNTY A 1 C NO 🗌 inton Locust Street Pennsylvania Beech Creek 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Lost Lula Raymond Gardner Council 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Bethesda. Maryland 20014 Yes, no. or unknown) (If yes give war or dates of service) The Medical Records. The Clinical Center. 159-12-5035 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if ony, which gave) (b) Rheumatic Heart Disease 20 Years rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Heolth priar to Chronic Myelogenous Leukemia 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22o. I certify that (K (this hospital) attended the deceased fram 7 Mey , 1969 , to 8 Mey , 1969 , that (k) (we) last saw the deceased alive on 8 Mey 1969, and that intropy (our) opinion death occurred on the date and hour and from the causes stated abave, (k) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. 8 May 1969 DEGREE DIRECTOR PHYS. 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Michael B. Mosher, M.D. Institutes of Health, Bethesda, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (State)

VR A15 (4) 30M REV, 1/68

24. FUNERAL DIRECTOR ADDRESS

REMOVAL (Specify)

emetery

256. REC'D BY REGISTRAR 1969

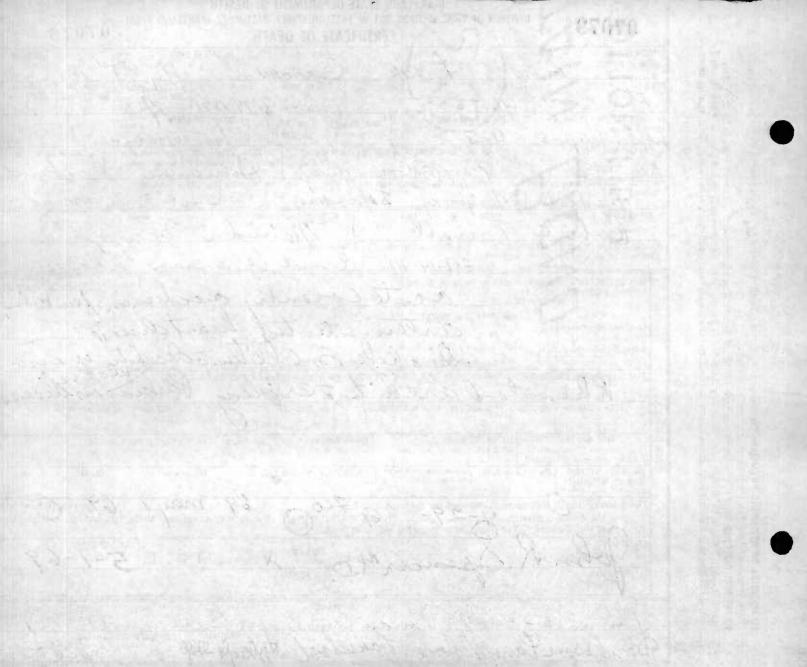
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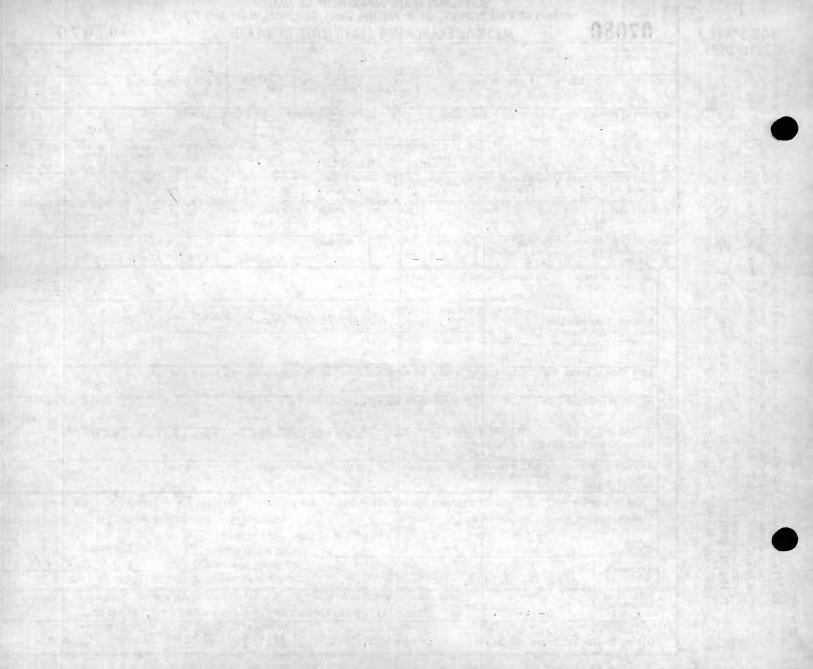
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	OD TO		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5-5-69 Union Cemetery OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DATE DATE DATE DATE DATE DATE DATE DATE

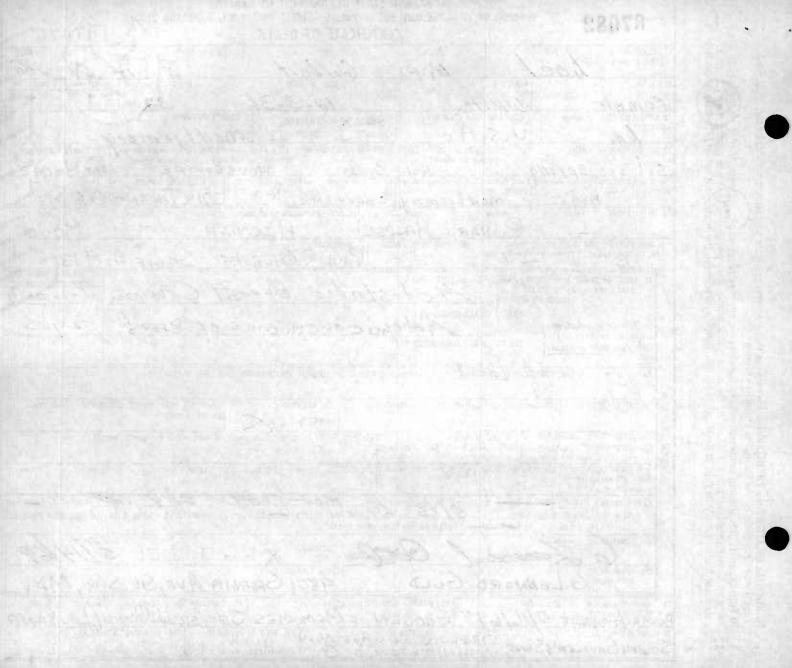


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blease explication director.	death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 , Undetermined manner 🗌	
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necessary, property the funeral 5 may be r ro FUNERAL Health price	EXAMINER'S NAME (Type) John G. Ball M.D. ADDRESS(Street, city, town, ar caunty) Montgomer;	y County
10 the Head	PEMOVAI (Specify)	unty) (State)
	Burial 5-10-1969 Mount O ivet Cemetery Frederick, Maria	
VR A15ME (\$)	Robert E. Dailes Son Frederick, Md. DMAY 16 1969 Charles	Judge



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			MARTIAND STATE DEPARTMENT OF HEALTH	
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ERA ELA		NAME (Type) G. L.	ENNARD GOLD 9801 GEDRGIA AVE, SL, SI	PR. MID
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remark carban papers should be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72	230	BURIAL, CREMATION, 23b		Caunty) (Stote)
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	24.	FUNERAL DIRECTOR	ADDRESS AVE-N. M2Sa. RECD BY REGISTRAR 25b. REGISTRAR'S SIG	1,
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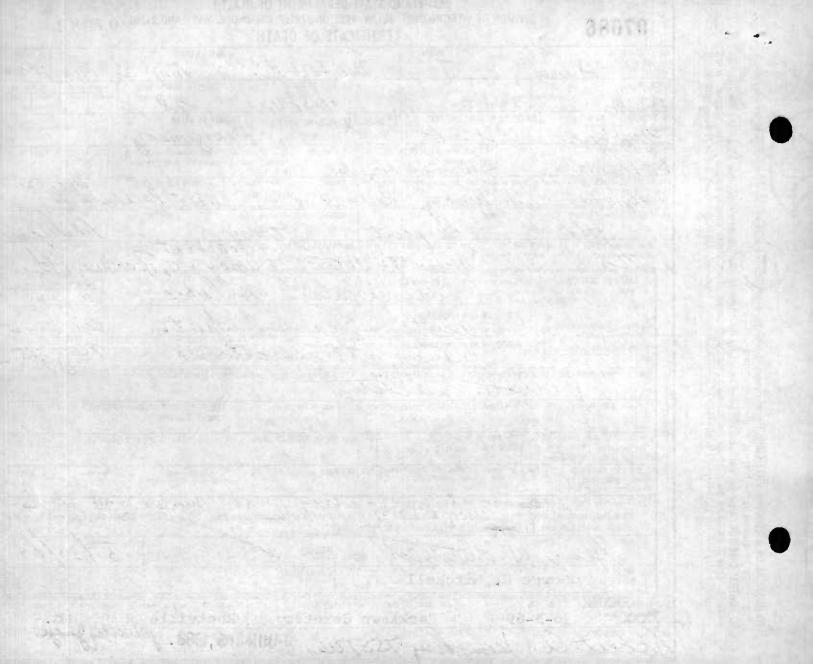
MAKTLAND STATE DEPAKTMENT OF HEALTH 07083 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07079 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH the funeral ages: 1 and 2 rs after death. 2b. HOUR 24 haurs after death. (Type or print) Month Day Year 05 4. RACE 3. SEX DATE OF BIRTH 6. ASE (In years last birthday) IF UNDER 1 YEAR IF LINGER 24 HRS MONTHS DAYS YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ≘. WIDOWED DIVORCED andreempletely filled remaye carban pape within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (King of work done 12b. KIND OF BUSINESS OR executed within during most of warking life, even if retired. event, 13a. USUAL RESIDENCE (Where deceosed lived, of institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES NO and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Last requires that the death certificate be physician on nen please Ques) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, ng, or unknown) crematian, ar remaval, attending phys CANSE OF DEATH (Enter only one Jouse per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: permit. Rennacarcinoma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove signed by the burial-transit p rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician stoting the underlying couse far use as the burial-Health priar to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending TO FUNERAL DIRECTOR: After this certificate has been The law 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [o O HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be detached for State Dept. of H P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while of wark 22a. I certify that (I) (this hespital) attended the deceased fram... saw the deceased olive an_ and that in (my) (our) epinian death accurred on the date and hour and from the 7/1/20g 6 19 director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body after deoth. DIRECTOR PHYS. 22d. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) Removal (Specify) Lakewood Cemetery Minneapolis, Minnesota JOSEPH GAWLER'S SON, INC. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69 5130 WISC. AVE., N. W. WASH., D. C. 20016 1969 Climale

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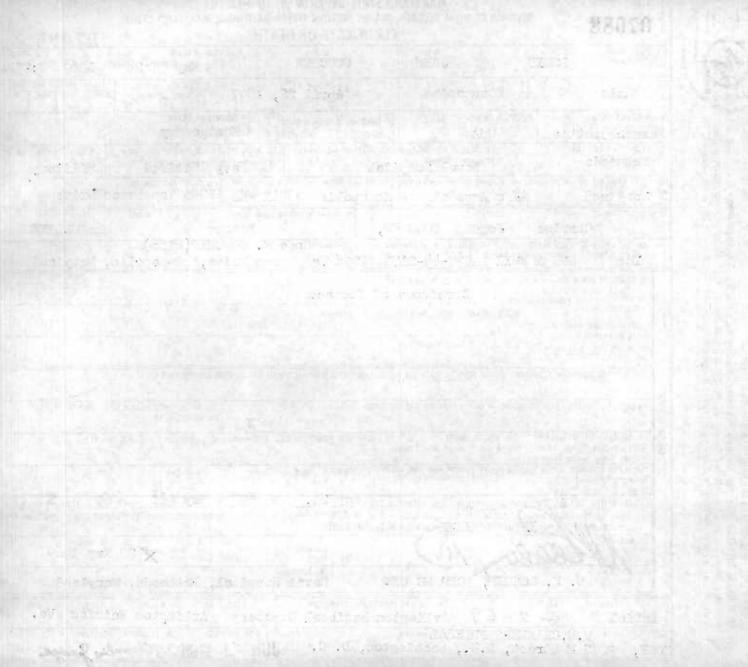
0	1/		07084 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
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	He see	3. 5		6. AGE (In years If UNDER 1 YEAR IF UNDER 24 Hrs. last birthday) Months Days Hours Min.
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	0000		BURIAL, CREMATION, REMOVAL (Specify) May 26, 1969 3c. NAME OF CEMETERY OR CREMATORY Pt. Lincoln	Bladensburg, Md.
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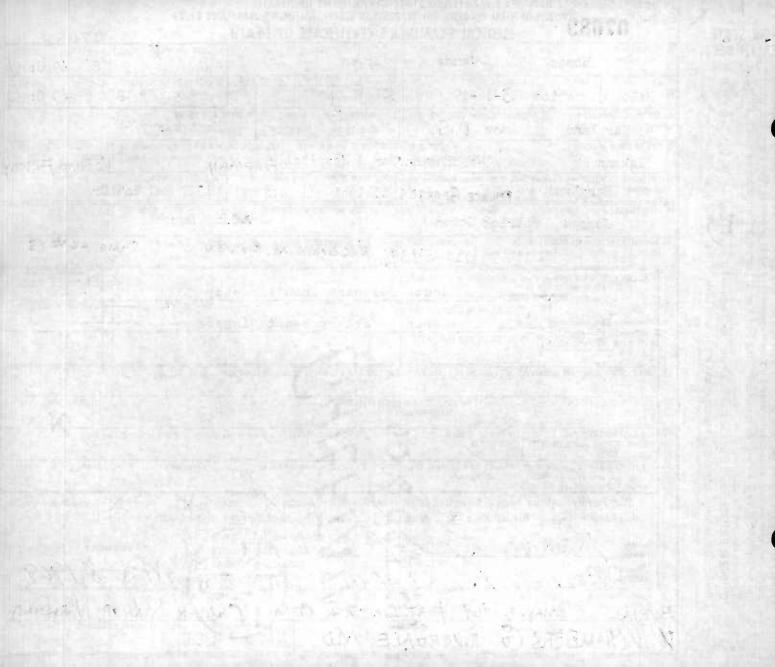
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10	07086 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07082	
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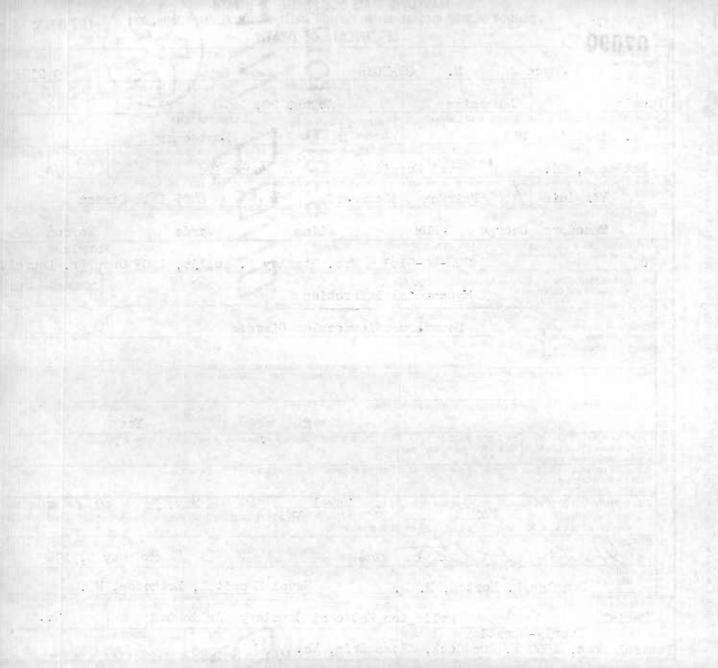


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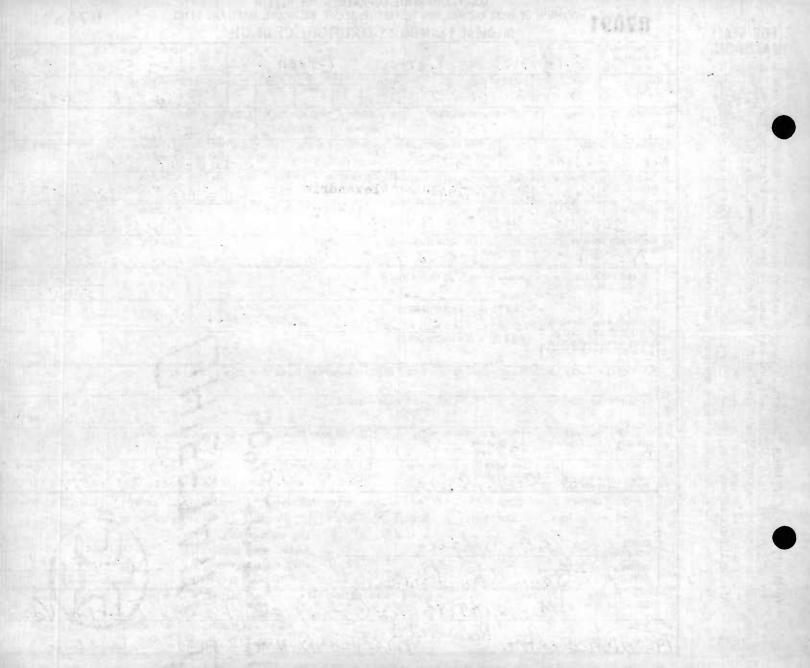


1 1	6-2-6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14 4 4 4 (O.) MEDICAL EVANAINEDIS CEDTIFICATE OF DEATH	70.85
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VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS	JRE





FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07087
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a DATE KNOWN Manth	Doy Yeor 2b. HOUS
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ve Pages y with far the State	N	ear Cabin John , give street oddress) mac. River during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
s after 18. Give e alang 2 with the death.	13a.	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN ALEXANDRIA 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ALEXANDRIA YES NO 6410 South	Van Dorn st.
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d be executed within 24 d "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 hours		NAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16c. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS AME AS A	BOVE
		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ate g the ed t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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This cate, v be for all be us	CERTIFICATION	WAS PERFORMED?	YES NO 🔀
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5 2		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner (
JICA lease ex directar. estained DIRECTO		CHIEF MEDICAL EXAMINER	
TY y, ple eral di se ret di se ret p		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	
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necessary, the funeral s may be ro FUNERAL Health pri	230	NAME (Type) 3024 5. SEL ADDRESS(Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	200	REMOVAL (Specify) MAY 12,1969 POHICK CEMETERY PONICK FAI	R FAY 1/2
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
VR A15ME (5) 10M REV. 1/68	70	SON WHEELER F.H. MARYLAND, PMAY 12 1969 Charles	En Treplace.



MARYLAND STATE DEPARTMENT OF HEALTH 07092 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07088 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type ar print) Month Year 215 Edward Bryan Grimes 5-4-69 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER I YEAR IF UNDER 24 HRS last birthday) MONTHS I OAYS HOURS 10-11-96 Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland WIDOWED DIVORCED [U.S. physician and campletely filled en please remave carban pape Montgomery within 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) carban INDUSTRY during most of working life, even if retired.)
Carpenter Silver Spring Belpre Health Center 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY West Friendship NOK (rural) Md. Heward 15. MOTHER'S MAIDEN NAME First removal, and in any 14. FATHER'S NAME First Middle Last Middle Lost PHYSICIAN: The law requires that the death certificate be Bazzell Grimes Marv Tasker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1801 Bonifant Address Yes, ng, ar unknown) (If yes give war or dates of service) 219-01-2227 Helen Grimes Silver Springs, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cardiac Arrest IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-transit Chronic Pulmonary Emphysema rise ta immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying couse last. Bronchial Neoplasm PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been Heolth prior ta far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO KX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at work 22o. I certify that (I) (this hospital) attended the deceased from 4-20-, 19-69, to 5-4-, 19-69, that (X) (we) last saw the deceased alive an 5-4- 19-69, and that in (xxx) (our) apinion death occurred on the date and hour and from the causes stated above, (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page should be filed ed DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS C. INCLAN 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Md (State) REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charley Judge DAMAY 1969 Higinbethem Slack Ellicott City, Md.

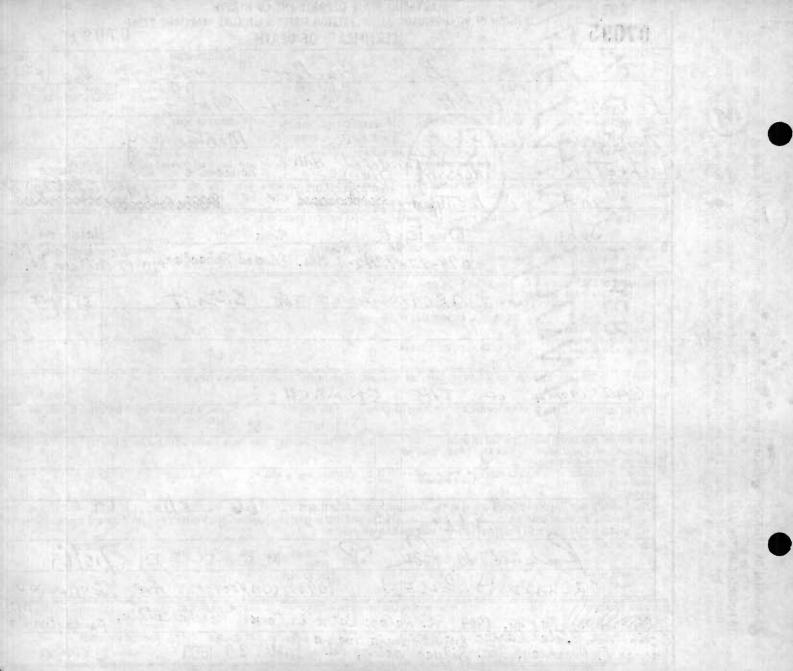
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< 1 1 I	MARYLAND STATE DEPARTMENT OF HEALTH
	07094 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) OF ESTI-
oy is 3 to Poge and of	Kuth H. Staberman DEATH MATED May 2 1969 5 DA
Poc ent	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
	Female white 12/15-104 last birthgloy) MONTHS DAYS HOURS MIN. Month Doy Year 1969 50 N
	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
-E &	(quntry) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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s after olong olong with the	odmission) STATE 136 COUNTY COMPANY OF COUNTY
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24 hours after death in them 18. Give Pages as Office along with fares I and 2 with the State irs after death	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
25 E S S	John Hurley Blanche Elberly
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Security 10). 17. INFORMANT W.S. ADDRESS
Z e a a	no 510 04 12 HOSPITAL RECORDS MROME TORK MO
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c))
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MIN the 4 st ur fil e 3 emo	21d. 15-del of the control of the co
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tor. Pored for CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 💢 Inquiry 💆 and in my apinior
to ed ed by but	death resulted from: Natural causes Accident , Suicide , Hamicide , Undefermined manner
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VR A15ME (5)	Francis Gaschie Sone Hyatteville Md MAY 7 1969 Charles Judge
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	3. 5		4. RACE	0	15	DATE OF BIRTH	//	6. AGE (In veors	IF UNDER I YEAR	IF UNDER 24 HRS
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and camp remove in any eve	14.	FATHER'S NAME First	Middle	Lost	15. N	NOTHER'S MAIDEN NAME	First	Middle	AAA .	Lost
in ge		John		Burleig	E	Anna			Height	
AN: The law requires that the death certificate be exected as a strength of the death certificate be exected as the business been signed by the attending physician and control to the second for use as the burial-transit permit. Then please remained the priar to burial, cremation, ar remayal, and in any		WAS DECEASED EVER IN U.S. ARA	AED FORCES?	14h COCIAL SECURITY	10. 37. INFO	THANK		Address	Kensingto	
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quires the physician. signed by burial-trar			(c)							
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pitg iff p	MEDICAL	(If either, notify medical examin	ner) P.M.	19						
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OR ATTENDING be retained by It SIRECTOR: After it a 3 shauld be died with the State		22b. SIGNATURE	, 1	In Lan	my	ATTENDING PHYS	MED. DIRECTOR	STAFF	c. DATE SIGNED	2
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TA SAL Pe		22d. PHYSICIAN'S NAME (Type) RICHA	+1 TO	. POLLE	.7	22e. ADDRESS	NOCTU	- 40	Wan	(00)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt	200	- Nich			~		Spection		KENSIN	
F.U.	230.	BURIAL, CREMATION 23b. I		23c. NAME OF C	EMETERY OR CRE	tholic Cem	23d. 10CATI	ON (City or Town)	(County)	(Stote Mod
5 5	24	to the care to the season in	y 20, 196	,					" Pennsy	wania
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45M - 1/69	We	rner E. Pumphr	ey, Inc.	Silver Sp	ring, "	d. DAMAY	20 19	69 fcus	ver Judg	Ro .



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	The state of the s
	Item5 FilmGhl3 5/29/69 kk CERTIFICATE OF DEATH 07092
4 24	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
death.	(Type or pnnt) Month Doy Year 1, 30
	3. SEX 4. RACE 5. DATE OF BIRTH 3.3 6. AGENTI YEAR IF UNDER 24 HRS.
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asp cert hed hed out.	21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. (ity or Town County State
PHYSICIAN e haspital of this certifical stacked far	
de de de	
ATTENDING Etained by the	220. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinion death accorded an the date and haur and from the
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STATE	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07094
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1	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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	(Y	es, na, ar unknawn) (If yes give war or dates of service) mather hand as	ahous
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
10		9 1 X DIE TO OD AS A CONSCOURAGE OF	
V		Conditions, if any, which gave) A & Pira tron of Gracteric Contents.	
		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
M		last.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTDPSY?
	TFIC	WAS PERFORMED?	YES NO 🗆
		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, I	
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		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	
1		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
	3	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE	r elektra
4		SIGNATURE ASSISTANT MEDICAL EXAMINER (20. DATE	
			11,1767 -
	00	Bethesda, Maryland ADDRESS (Silver, City, Town, of County)	
	230.	BURIAL, CREMATION, 5/20/69 23c. NAME OF CEMETERY OR CREMATORY Parklawn Cemetery Rockville, Mont	cgomery, Md.
0	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
R	T	yson Wheeler Funeral Home 1331 Rock. Pike DATE MAY 2 2 1969	nes Jungal
1	-	Rockville, Maryland War	0.0

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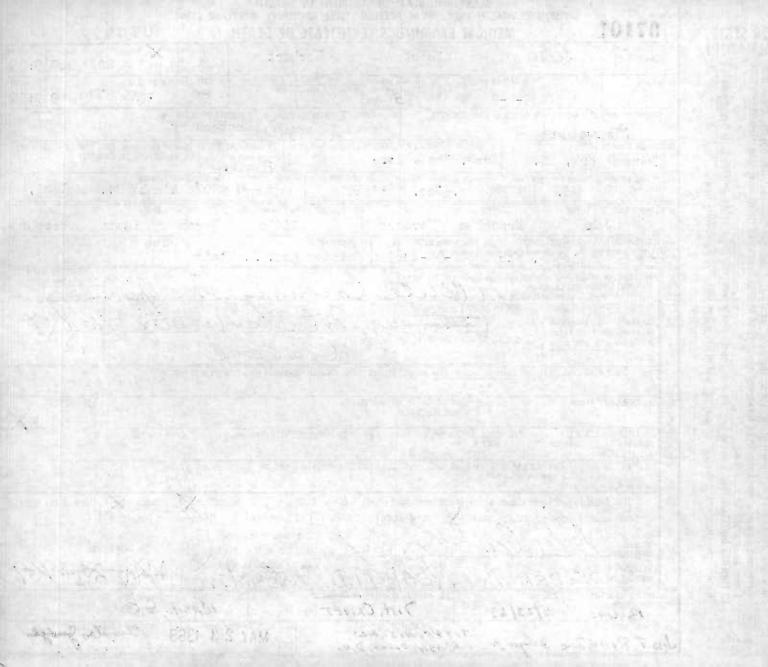
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07095 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) James ESTI-F. Hassett Sr. DEATH MATED IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD and last birthday) male 7/17/95 Dov cac Year YRS. the Stote Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office olong with form country) Wash , DC United States Si Montg. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.)
Bricklayer give street oddress) INDUSTRY Silver Spring deoth Holy Cross Hospita 130. USUAL RESIDENCE (Where deceosed lived, il institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY Howard Ellicot TYES PO NO 6604 Allen Lane Hem 18. 24 hours ofter 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Middle lost Bridget Shae Michael Hassett hours .9 the Chief Medical Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 9218-St. pencil (Yes, no, or unknown) (If yes give war or dates of service) 577-12-1855A James F. Hassett Jr. -Andrews Pl. File College Ple. Md. APPROXIMATE INTERVAL within .⊑ (Son) be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS ACCONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate couse (a). shauld writing the word DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse .5 4 should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE AT WORK AT WORK loctory, office building, etc.) FUNERAL DIRECTOR: Poge 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry director. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE **EXAMINER'S** 5 moy ro FUNE Heolth NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/17/69 Mt.Olivet Cem. Wash. ADDRESS Mt. Rainier 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Maryland VR A15ME (5) Williamley Vardas 10M REV. 1/68

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requires that the death certificate be g physician. n signed by the attending physician or e burial-tronsit permit. Then please roburial, cremation, or removal, and in	Yes, no, or unknown) (If ye	577-18-4	679 688886	160000 9705 South	erland Rd.
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ING Do o	22a. I certify that (I)	(this haspital) attended the decear	sed fram 5-15 , 191	59, to 5-26, 19	60, that (I) (we) last
ND ed led ld	saw the decease	(this haspital) attended the deceased alive an 5-23	1969, and that in (my) (our) op	inion death occurred on the do	te and hour ond from the
Tie Set		ave, (I) (we) (did) (did nat) view the	bady after death.		
Wijs s	22b. SIGNATORE	PLYI.	ATTENDING	MED STAGE I	DATE SIGNED
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Albert James . 2a. DATE KNOWN Manth Herbert Day Year 2b. HOUR (Type or Print) ESTI-169 9:05 Page 9 DEATH MATED 30 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 partin 2P9Y M W 19 69 9:05 9-1-93 YRS 7o. BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH pencil bin tent 18. Give Pages 1, along with farm Montgomery WIDOWED [DIVORCED [US pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Wester addes & Hosp during most of working life, even if retired.) INDUSTRY Takoma Park. Md. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13% COUNTY Pr. Geo. Adelhi Adephi Rd. Adelphi. Md. Md. YES NO the Chief Medical Examiner's Office after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle John Franklin Herbert Addie Sarah Herbert. Dean haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknawn) 20-44-2365 sister Mrs. A. Blair File .⊆ within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a), Ward shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = writing the farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate remaval used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. be YES [should be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that Ltook charge of the remains described above, held an Autapsy ... Inspection Inquiry X and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED NAME (Type) 5 may O FUNE Health the 23d. LOCATION (City or Town) & C, BURIAL CREMATION (County) REMOVAL (Specify) mit, OLIVET BURIAL VR A15ME (5) JAS.T. RYAN, Inc &



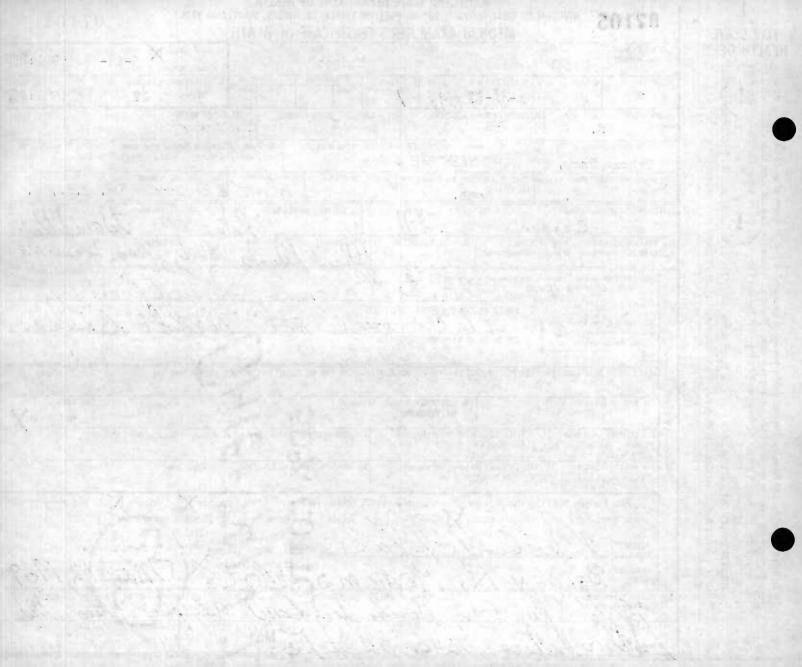
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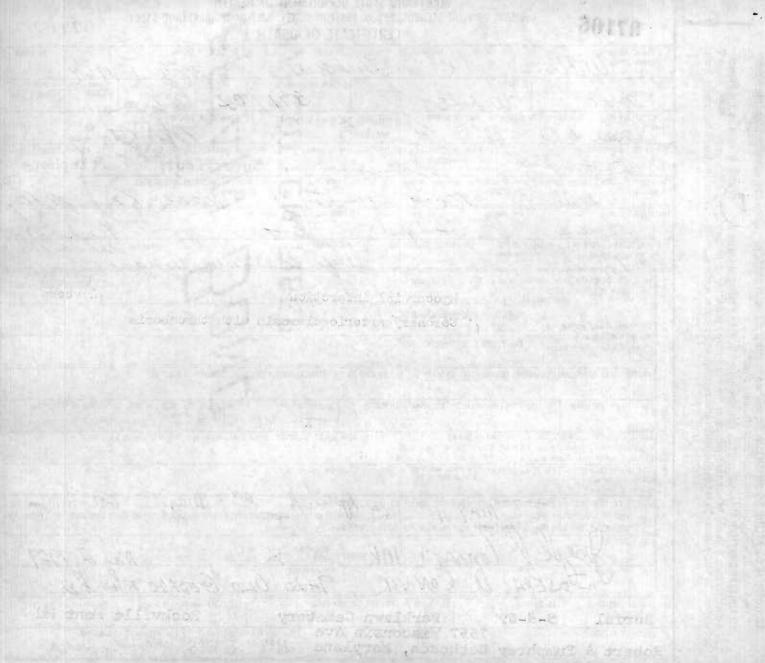
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oul the	causes stated abave, (I) (we) (did) (did net) view the bady after death.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 2g. DATE KNOWN OF ESTI-(Type ar Print) Hodges Hill Hazel M3 Page 6. AGE (In years IE UNDER 1 YEAR JE UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4. RACE S. DATE OF BIRTH 1069 19 Year W 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED form, country) US Montgomery Md. WIDOWED A DIVORCED [with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12o. USUAL OCCUPATION (Kind af wark done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR along with during mast af warking life, even if retired.) INDUSTRY give street address an & Hosp Takoma Park. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13g, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13b. COUNTYONT. Dr. T.P. Md. admission) STATE Travis YES NO 24 haurs Office and after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME . First 1 Aast Middle haurs pencil-i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within farwarded ta the Chief Medical Examine bag (Yes, na, ar unknawn) (If ves give war or dates of service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and be executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise ta immediate cause (a), ward shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= writing the certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 remaval. nsed 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES F the certificate, pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Inspection death resulted from: Natural causes V. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 5 may TO FUNE Health the 23d. LOCATION (City ar Jawn) REGISTRAR'S SIGNATURE VR A15ME (5)

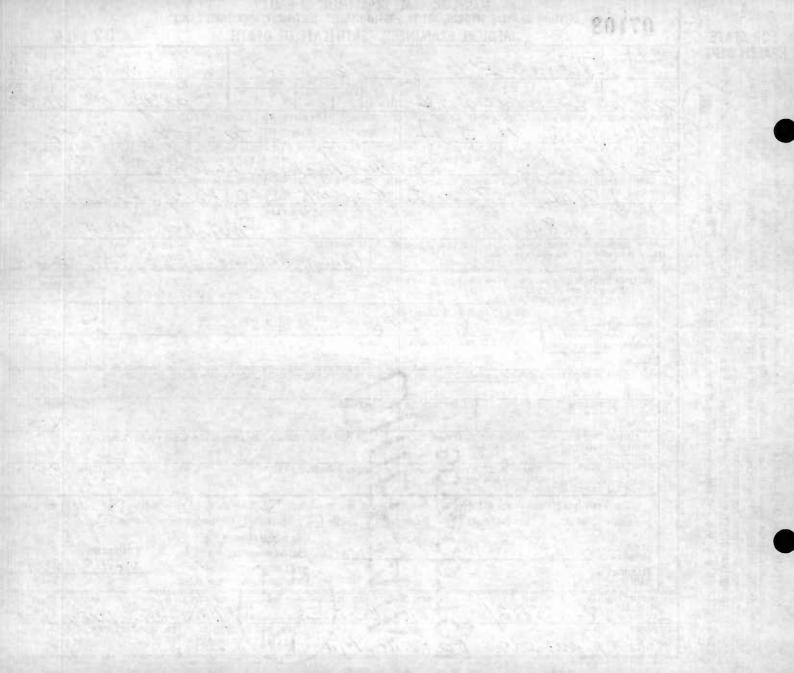


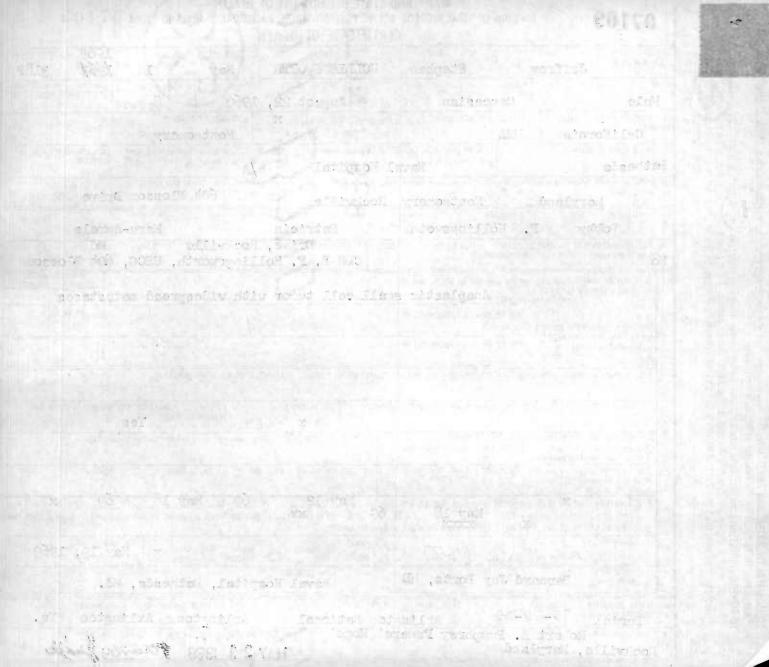


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	CERTIFICATE OF DEATH
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the det	22a, I certify that (I) (this hospital) ottended the deceased from March 19 67 to 19 67, that (I) (we) to
Affe Affe Affe Sto	saw the deceased alive an 17 20 19 69, and that in (my) (our) opinion death accurred on the date and haur and from the
OR: aufo	couses stated obove, (I) (we) (did not) view the bady after death.
AL OR ATTENDING PHYSICIAN: The law re y be retained by the hospital ar attending L DIRECTOR: After this certificate has been age 3 shauld be detached far use as the filed with the State Dept. af Health prior ta	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
DIR DIR	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
may be RAL DIR	NAME (TYPE) R. A. YATES
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Pag Pag dire	EMOVAL (Specify) 5-7-69 Congressional Washington, D. C.
VR A15 (4)	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
30M REV. 1/68	Francis H. Barber Laytonsville, Md. DAMAY 7 1969 (Charles Judge -

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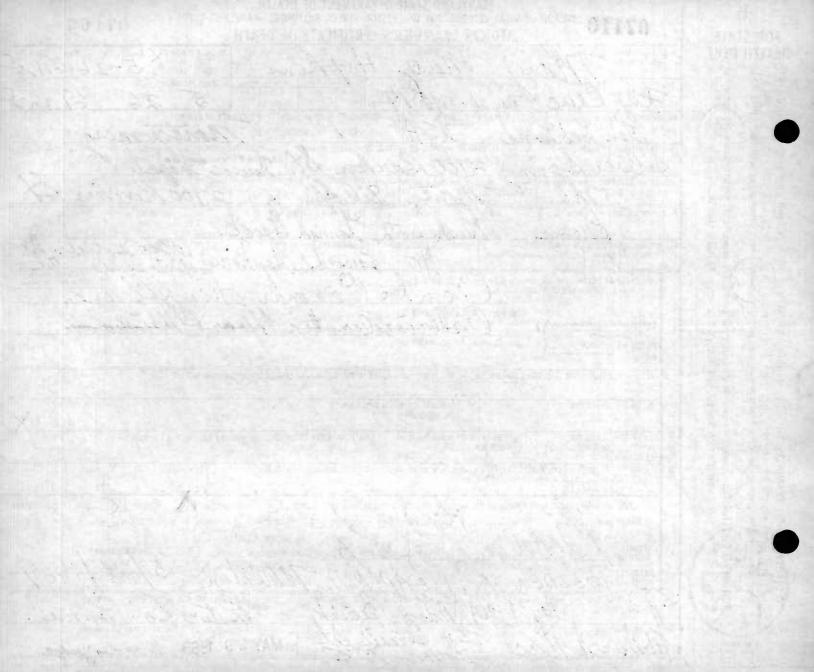
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ATE		7104
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	death resulted from: Natural couses 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
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	SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER	0 .0 .0.
	EXAMINER'S NAME (Type) . ADDRESS(Street, city, tawn, ar caunty)	
23		(Caunty) (State)
24	Exemply Lipertry 5/12/69 Lincoln Park Rockville 7 EMPIRE DIRECTOR 2 ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 5 SI	Monty, Med.
N 4	Sobert L. Snowden Rocks. He Md. MAY 13 1969 Clarles	Sorrige





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07106 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN (Type or Print) OF ESTIay is 3 ta Page DEATH MATED IF UNDER 24 HRS. OF BIRTH 3. SEX 2c. DATE PRONOUNCED DEAD P. and 9. COUNTY OF DEATH o Dep 7a. BIRTHPLACE Stote or foreign b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Office alang with farm Item 18. Give Pages Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospite) 10. CITY OR LOWN OF DEATH 120. USUAL OCCUPATION (Kind work done 12b. KIND OF BUSINESS OR duking most of working life over if retired) INDUSTRY death. 13a. USUAL RESIDENCE (Where deceased lived OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER institution: Residence before 13c. admission) STATE 13b. COUNTY l and 2 after 14. FATHER'S NAME Middle Last MOTHER'S MAIDEN Middle iner's _ haurs pancil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMAN' executed within (Yes, no, or u (If yes give war or dates of service) Mom FILE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH .⊆ within 1B. CAUSE OF DEATH (Enter only one cause per line fat (o), (b), and (c) permit PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) Medi event DUE TO, OR AS, A CONSTQUENCE OF be farwarded to the Chief urial-transit Canditians, if any, which gave rise to immediate cause (a). Ward any shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= writing the pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES [pe 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) should should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, files. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE burial, for 220. I certify that I took charge of the remains described above, held an Autopsy nspection Inquiry ond in my opinion director. retained deoth resulted from: Noturol couses Accident Undetermined monner prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral FUNERAL SIGNATURE pe Health **EXAMINER'S** NAME (Type 00 230. BURIAL CREMATION MOVAL (Specify) 24 EUNERAL DIRECTO 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) DATMAY Charle 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



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	AN: The low requires that the death certificate to a continuous of the attending physician icote has been signed by the attending physician for use as the burial-transit permit. Then please Health prior to burial, cremation, or removal, and		es, no or unknown) (II y	3/8-04	-3714 Catherine	U. Moyre-1011 Rock	icrest Dr.,
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	OR ATTENDING PHYSICIAN: be retained by the hospital or NRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal	Z	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	EACTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
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	VR ATSTALL	24.	FUNERAL DIRECTOR		Orgia Avenue 250. REC	AY 2 9 1969 FEGISTRAR	SIGNATURE
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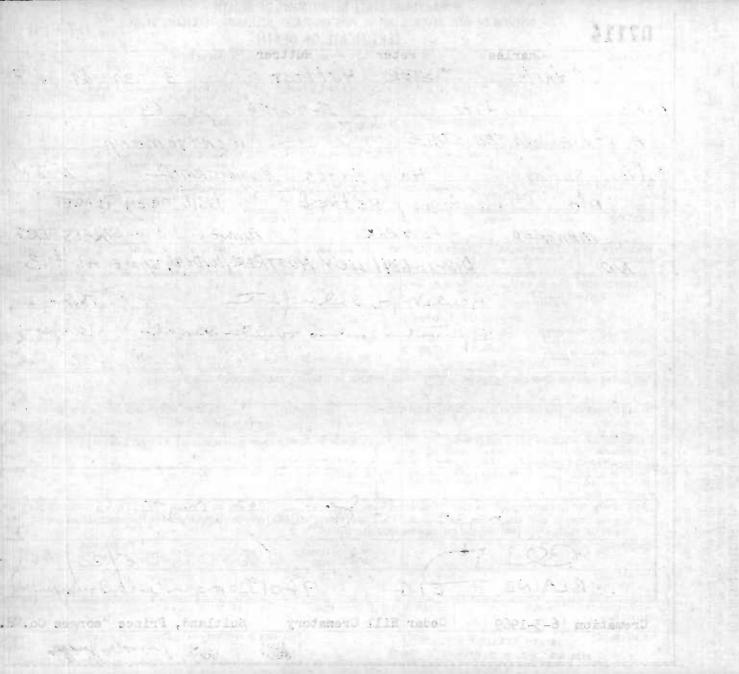
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 $\, 67108$ 07112 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle death. 2a. DATE OF DEATH 2b. HOUR exeruted within 24 haurs after death and completely filled in by the funeral remove-carbon popers. Pages I and in ony event, within 72 hours after death 15 PN (Type or print) Jewe nna 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER THEAR IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 country WIDOWED [DIVORCED Montgomera and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) odmission) STATE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES X 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificate be Mae umb the attending physicion sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) buriol, crematian, ar removol, Chart APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: evebra e 06 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) buriol-transit Menincimo rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stoting the underlying couse, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b TO FUNERAL DIRECTOR: After this certificate hos been be detoched for use as the TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Neoplasm CAUSES OF DEATH? director, page 3 should be detoched for use should be filed with the State Dept. of Health NO F 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify tho (1) (this hospital) attended the deceased from 1967, and that in (my) (our) apinian death occurred anothe date and hour and from the saw the deceased olive on... couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1015 23c. NAME OF CEMETERY OR CREMATORY Funeral Home 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) Removal (Specify) 5/9/69 Hooper Huddleston Cookeville Putnam 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 DAMAY Francis Gasch's Sons Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Ella Lost DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Ingram Ella by the ottending physicion and capaletely filled in by the far tronsit permit. Then please remove carbon papers. Page cremotion, or removal, ond in ony event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNDER 24 HRS 2-7-1889 last birthday) MONTHS HOURS W YRS within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) and completely filled in MONTGOMERY DIVORCED [WIDOWED 12 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most af warking life, even if retired.) BAWIFA 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13d. INSIDE CITY LIMITS? executed admission) STATE 13b. COUNTY NO YES TH 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last 0 The low requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coro BETWEEN ONSET AND DEA' Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Conditions, if any, which gave) Arteriosclerosis rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause Hypertension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? 0 YES 🗀 NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark 22a. I certify that (1) (this haspitol) attended the deceased from 4-28, 1967, ta. saw the deceased alive an 4-7 couses stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NOW 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 73/2dansba REC'D BY REGISTRAR FUNEBAL-DIRECTOR DATEMAY 1968 30M REV. 1768

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NA P	fica far He	3	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.A	1. Manth Doy Year		(5110) 1141010 4		
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Ŧ	O FUN direct shaul	230	BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE	Q A A A S	CEMETERT OR CREMATURY	230. 10	CATION (City of Town)	(Caunty) (State)
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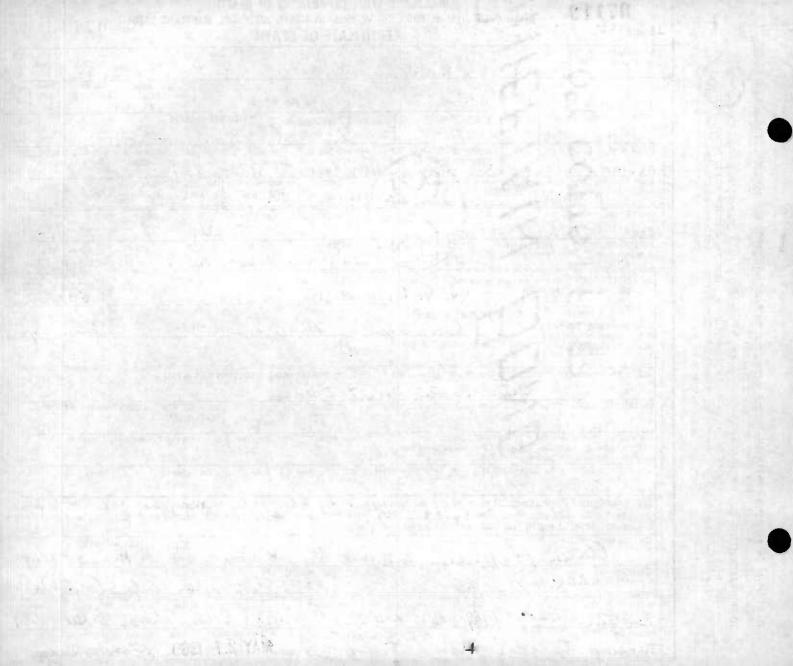
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	attending permit. The ion, or remo		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	0 0	1) 1 200	7		BETWEEN ONSET AND DEATH
	deo deo rmi n, or		152 8 IMA	MEDIATE CAUSE (a)	Intest	may over	eaction		60 hours
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m	requires that the deoth g physician. n signed by the attendin buriol-transit permit. o buriol, cremation, or rer		PART 2. OTHER SIGNIFICANT			NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART I(a)	
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	hosp cert chec chec pt. c	MET	214 INTURY OCCUPPED	21e. PLACE OF INJU	RY (AT HOME, EARM, STREET, F) OFFICE BUILDING, ETC.		Street ar R.F.D. Na.	City ar Tawn	County State
	this this deto		at wark at wark						
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	R: /		causes stated ab	a alive an ave, (I) (we) (d	id) (did hat) view the	bady after death.	i (my) (our) apinia	n death accurred an the	date and havr and fram the
	AT. Showith with		22b. SIGNATURE	1/-			INDING /MED		22c. DATE SIGNED
	OR be 3 de 3 de 4 de 4 de 4 de 4 de 4 de 4 d		Claren	· Hil	raum 4	DEGREE PHY		TOR PHYS.	May 25 1969
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	L 200.	REMOVAL (Specify)	May 28.1	969 Fort	Rincales C	Emilera "	Colings Man	(County) (State)
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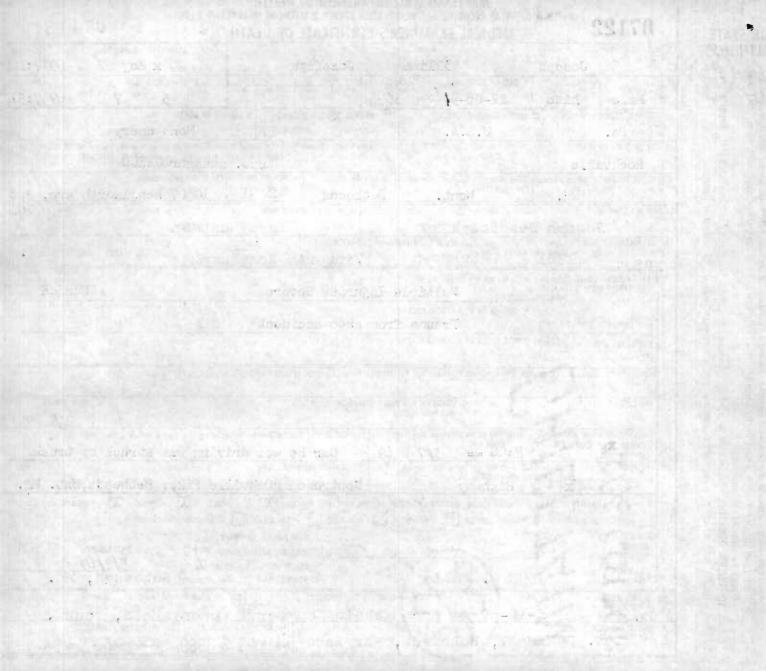
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			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	
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ا المالية	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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iin 24 filled pape rhin 77	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If not in hospital 120, USU	IAL OCCUPATION (Kmd of work dor	ne 112h KIND OF RUSINESS OR
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ten le lo as bas as price	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		CAUCTO OF DEATUS	SS CONSIDERED IN CERTIFYING
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TO HOSPITAL (Page 4 may b TO FUNERAL D director, page		NAME (Type) Israe	1 Spector	911 Sil	ver Spring Av	Md.
HO.	230	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
22 2 2		REMOVAL (Specify) 5/	24/69 Ft. L	incoln Cemetery		gesCounty Md.
VR A15 (4)	24.	FUNERAL DIRECTOR //	ADDRES	S 14 8 ZINA, 250. REC'D I	BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
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	be executed within 24 haurs after death and campletely filled in by the funeral e remave carban papers. Pages Fond in any event, within 72 Hour later death	10.	CITY OR TOWN OF DEATH	give street addres	ITAL OR INSTITUTION (I	nat in haspital 12a. USI	JAL OCCUPATION (Kind a	n if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
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	phy phy agreement	F	No.			Frank R. Jone	es 3122 Wyn	ford Dr	APPROXI	Pax Va.
	th c ding rem		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D DV.					2 Ye	NSET AND DEATH
	dea ten rmit n, or		1711V IMMEDI	ATE CAUSE (a)Ca					2 16	ars
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	s the cian d b d b l-tro		stating the underlying cause	(c)	OUNCE OF					
4	hysi hysi gne gne uria		PART 2. OTHER SIGNIFICANT CO		ATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PAR	RT 1(a)		
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Al	OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician ge 3 shauld be detached for use as the burial-transit permit. Then pleas led with the State Dept. af Health priar ta burial, crematian, or remaval, an	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a. AUTOPSY?			ONSIDERED IN C	ERTIFYING
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	he he this this leto		at work at work					-37		
	ING by t ffer be state	Т	22a. I certify that (the saw the deceased of	is haspital) attended the	deceased from	7 May , 19	69 , to 28 Ma	y, 19_	69 , that	(x) (we) last
	ed S: A		saw the deceased of	alive an <u>20 May</u> e, (IX (we) (did) (MIXIA) v	view the hady after	nd that in KANY) (aur) al	pinian death accurre	d on the da	te and haur	and tram the
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	ERA ERA d be		NAME (Type) A. L.	GRAYBIEL, LCD	R MC USN	Naval Ho	spital, Bet	hesda,	Maryla	nd
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	5 5 5 E	L				al Memorial P				Va.
			FUNERAL DIRECTOR COVING			CHURCH, 25a. REC'D		. REGISTRAR'S		
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MAKYLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 07123 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0711 CERTIFICATE OF DEATH 6/3/69 kk DECEASED-NAME Middle Lost 20. DATE OF DEATH 24 haurs after deoth by the funerol Pages 1 and (Type or print) 201trude 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS hours after DAYS HOURS MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED = DIVORCED [WIDOWED [and in any event, within 72 completely filled J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR within most of working life, even if retired.) INDUSTRY carbon RESIDENCE (Where deceased lived, if institution: Residence before exercited remove 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost ond Mary Baicobitz Kussel Keren requires that the death certificate be please physicion 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no. or unknown) cremation, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) tation of heart due to overstrain weeks permit. Conditions, if ony, which gove) Ishy Sema burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE O signed by Page 4 may be retoined by the hospital or attending physicion. stoting the underlying couse buriol lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) mellitus prior to b as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? NO [YES [of Heolth p use FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached Stote Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County Stote 21e. PLACE OF INJURY City or Town While Not while ot work at work 22a. I certify that (I) (this haspital) attended the deceased fram April to May saw the deceased alive an-May _1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the 3 should director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 23. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) ESAVETERAD. 9 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR VR A15 (4) Dangarsky 3501-14th St. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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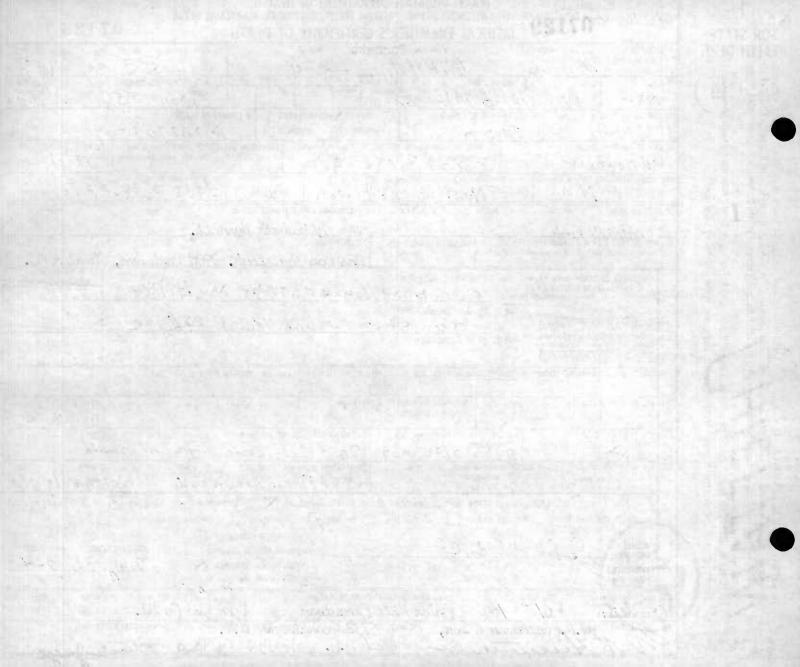
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07124 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2g. DATE KNOWN (Type or Print) OF ESTI-2, and 3 to PM3. Poge ANNA KREISINGER and 2 with the State Department of 30 6. AGE (In years 3. SEX 4. RACE IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Year 69 FEMALE THITE THOMEST 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH the Chief Medical Exominer's Office olang with form in Item 18. Give Poges 1, country) VERMONT UNITED STATES WIDOWED [DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address SUBURBAN HOSPITAL during most of working life, even if retired.) Bethesda AT HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMd. 13b. COUNTY 4712 S. Chelsea La. Mont. Bethesda YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle EUGENE VAN ORMAN NORA GOODNOUGH 24 pages pencil 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yes, na, or unknown) ROBERT KREISINGER, HUSBAND, SAME AS ITEM #13 File within . 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis, old and recent DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave Advanced Coronary arteriosclerosis rise to immediate cause (a). plnods writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . . forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Cerebral infarct, old left cerebral used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YESAC NO | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Dov. Year 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X Inspection X Inquiry XI. ond in my opinion death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Heolth John G. Ball NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23h. DATE 23d. LOCATION (City or Lown) (County) REMOVAL (Specify) Cremation Suitland. rince Georges Co., M 5-28-1969 Cedar Hill Crematory Md. 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INCADDRESS 2So. REC'D BY REGISTRAR . 2Sb. REGISTRAR'S SIGNATURE 5130 WISC, AVE., N. W. WASH., D. C. 20016

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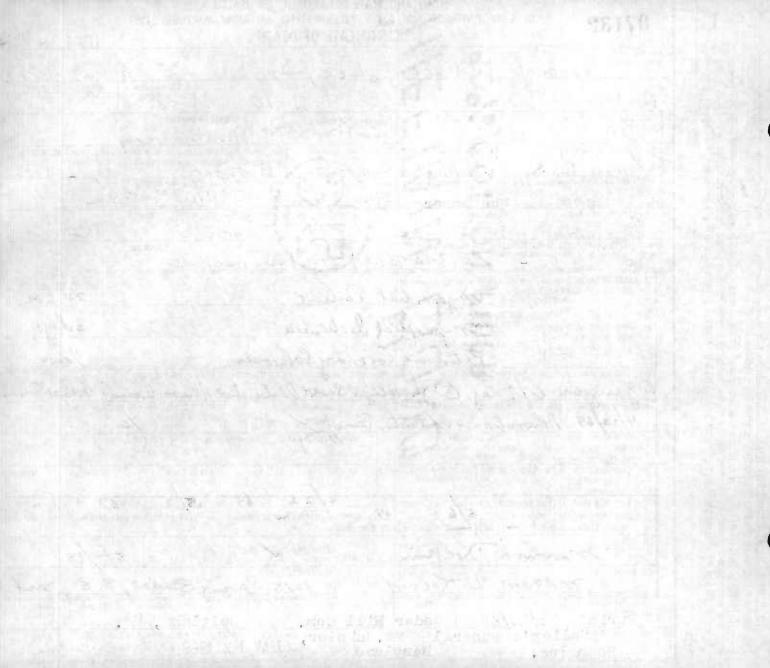
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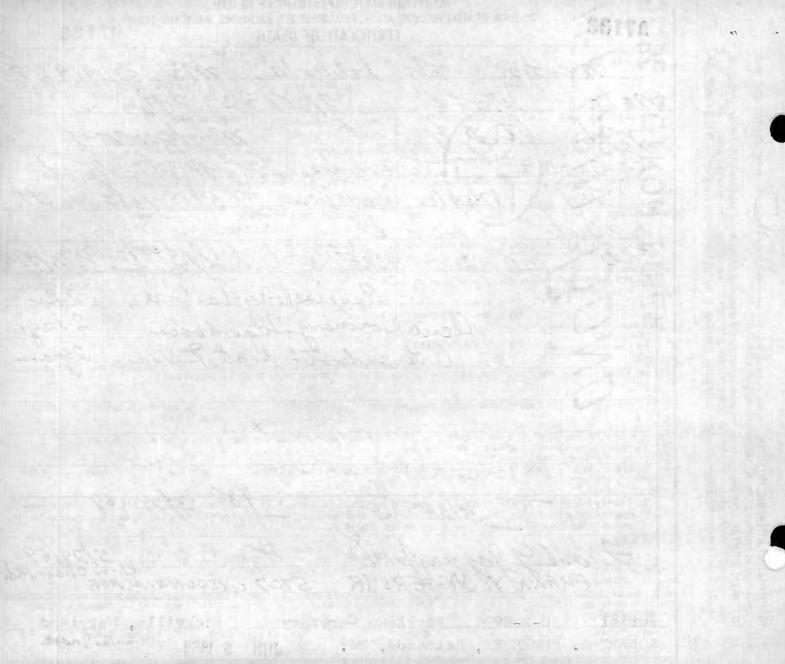
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	DIVISIO	ON OF VITAL RECORDS, 301 W. PR	ESTON STREET, BALTIMOR	E, MARYLAND 21201	
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7	CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL OR INSTITUTION (If no give street oddress)	it in hospitol 120. USUAL OCC	UPATION (Kind of work done working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
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odi	mission) STATE Mary land 13b. Co	contgomery Roci	Kuille YES NO	531 Brent	+ Road
14.	FATHER'S NAME First A	Aiddle Less 15.	. MOTHER'S MAIDEN NAME First	Middle	Lost
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	18. CAUSE OF DEATH (Enter only one cous	se per fine for (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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	saw the deceased alive on_	e) (did) (did not) view the body after d	I that in (my) (our) opinion	deoth occurred on the date	and haur ond from the
	22b. SIGNATURE) (did) (did flor) view life body difer of	lediii.	22c. DA	TE SIGNED
	han.	Holy loss DEGR	EE PHYS. MED. DIRECTO	OR PHYS. D	1 1/19 100
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	MARYLAND STATE DEPARTMENT OF HEALTH	
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iifica hysi n pl	Yes, no or unitaryon) (Il yes give war or dotes of service) 213-48-1813 Ellew Loibild 1997 Illin 721	97
Geri Gher May	1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH	==
at the death cer the attending p nsit permit. The matian, or rema	PART 1. DEATH WAS CAUSED BY:	
de de lifter n', o	14/09 DUE TO, OR AS A CONSEQUENCE OF	_
the c	(Conditions, if any, which gave) 2 days	
that an. by th ransi	rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	-
equires the physician. signed by burial-trail	stoting the underlying cause Due to, or as a constagence of last.	-
equires physicio signed l burial-tr	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	=
D and be table		
law re nding been s the iar ta	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	—
The latter has se as as the pri	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21b. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 21c. HOW INITIRY OF INITIRY 121c. HOW INIT	
or use of the solt		_
YSICIAN: aspital or certificate thed far u	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY / ALHOME, FARM, STREET, FACTORY) 21f IOCATION, Street or P.F.D. Na. (it or Town)	
PHYSICIAN: The law requires that the death certificate he haspital or attending physician. his certificate has been signed by the attending physician stached far use as the burial-transit permit. Then pleas Dept. of Heolth priar ta burial, crematian, or remaval, and		-
s PH the h this detac	While Nat while at wark at wark	
IDING d by the After d be d	22a. I certify that (I) (this hospital) attended the deceased from 1976 to 5727. 1969, that (I) the	last
ND Sed by African Afri	saw the deceased alive on 5/28 1962, and that in (my) (our) apinian death accurred an the date and haur and fram	the
TITE aline	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	
R A A SEC	226. SIGNATURE Timel 4 Research Moscore Phys. attending Amed. STAFF Director Phys. D 22c. Date significance of the phys. D 5/29/69	
be ge		1
RAI PC	22d. PHYSICIAN'S NAME (Type) FRANK Y SAGGERS JR 22e. ADDRESS 5707 CHSCONSIN AUE	la
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the depay and be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attained rectar, page 3 shauld be detached far use as the burial-transit pershauld be filed with the State Dept. of Health prior to burial, crematian,		=
TO HO Page dire	DEMOVAL (Specify)	
5-5	Burial 6-2-69 Parklawn Cemetery Rockville, Maryland 24. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR At5 (4)	ROBERT A. PUMPHREY, Bethesda, Md.	



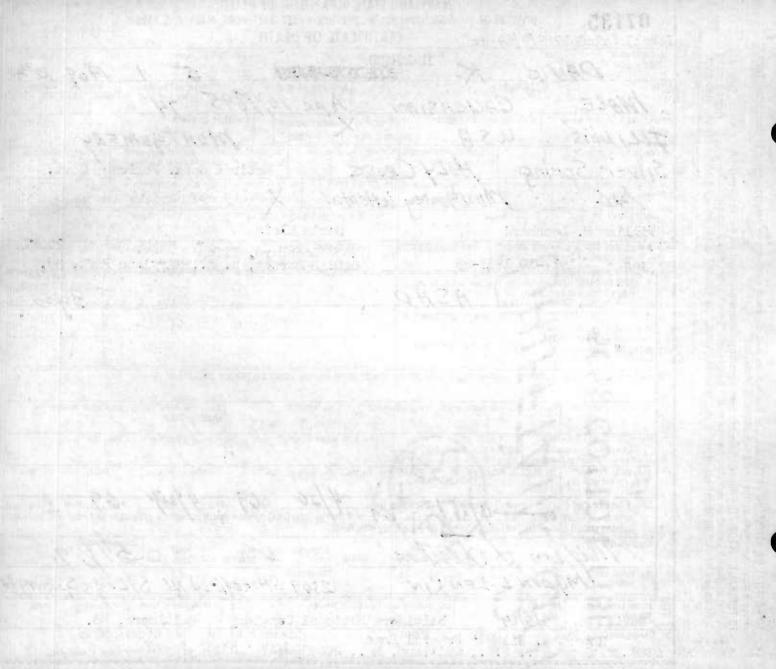
VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH 3718 Hilliams Lane	
Montromery MARYLAND	6. STATE Md b. COUNTY Monly own exy
b. CITY OR TOWN (if outside Corporate limits, c. LENGTH OF STAY IN 18	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give neerest, town) Chevy Chase 7/2 year	15 Chevy Chase.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
3718-Williams LANE	3718 Hilliams Lane YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) HENRIETTA M	LEONARD DEATH May 24 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS.
T WIDOWED DIVORCED	Dct-30 1883 R. Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Reflact honsewife	James foun NewYork n. S. 74
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HECTOR MORRISON	FLLEN FITZPAIRICK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or dates of service)	. INFORMANT Address
NO - 219-54-9633I	SON 3718HILLIAMS LANG
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) HERRY	ilnie 3 MONTHS
398V	
Conditions, if any, which > (b) Rheumu tic	Heart Disease 20 years
gave rise to immediate causa	MENT - ISLAND
(e), stating the underlying DUE TO	
cause lest. (c)	NOT DELATED TO THE TENNINAL DISEASE CONDITION CIVEN IN BART 1/A 1/20, WAS ALITORY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING TO THE CONDITION OF CONTRIBUTION OF COURT OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF COURT OF CONTRIBUTION OF CONTRIB	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of injury in Pert I or Pert II of item 18.)
© OR CONTRIBUTING □ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hour e.m. While Not While	fectory, street, office bldg., etc.)
	10/0 4 24 79
21. I certify that (I) (this hospital) attended the deceased from	m 1962 19 to May 24 , 1969, that (I) (we) last
saw the deceased alive on 1.1.2. 7	nat death occured at
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
June I hamana	M.D. PHYS. DIRECTOR PHYS. May 24-1869
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
IRENE G. TAMAGNA M.L	7101 CONNECTICUT AVE Chevy hase
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	LY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 5/28/69 GATE OF HE	EAVEN CEM. SILVER SPRING MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HANLON FUNERAL HOME. NA	SKD C MAY 2 9 1960 Pliantes Judge

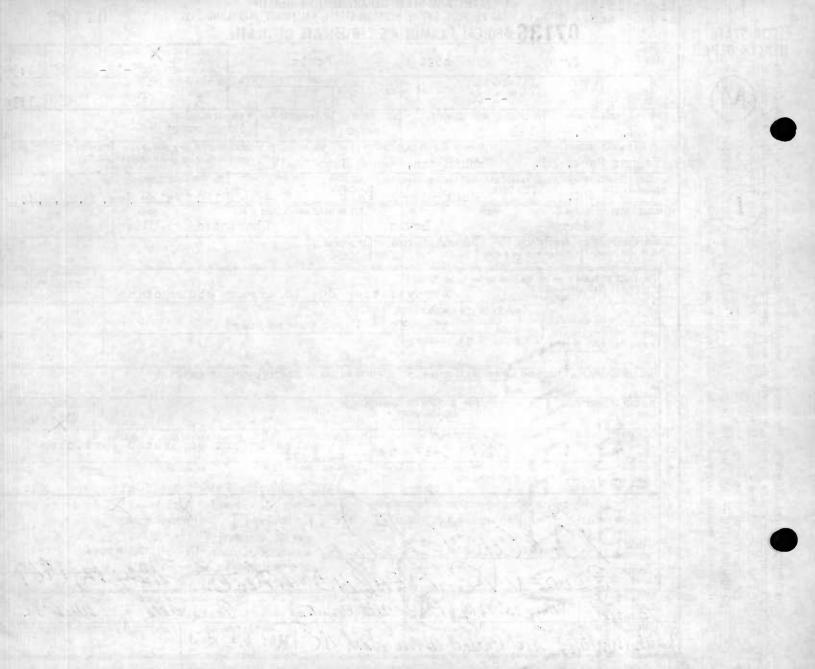
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MARYLAND STATE DEPARTMENT OF HEALTH 07135 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07131 CERTIFICATE OF DEATH Item13 FilmGh12 5/9/69 kk Middle ONHARD DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR and 2 death. be executed within 24 hours after death the (uneral (Type ar print) 3. SEX 6. AGE (In years S DATE OF BIRTH IF UNDER I YEAR CAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED attending physician and compress, papers, permit. Then please remave carbon papers. WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR O CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
Retired Spec. Police Govt. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO [901 Arcola Avenue 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Marie Klein William H. Leonhard requires that the death certificate 20027 17RNSE Leonhard, Wife 6402 B Street, S. E. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, ar unknawn) Ve S burial, crematian, ar remayal. Maryland Park. Md. APPROXIMATE INTERVAL OFTWEEN CONSET AND CEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a). signed by Page 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram. 50 1869, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an____ couses stated abave, (1) (we) (did) (did not) view the body ofter death. 22CADATE SIGNET 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MIL RUNL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) Baltimore National Cemetery Baltimore, 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Fune Parss Home E. Wilhelm Suitland, Md., 20023 MAY 5 1969 TChrolles Jugge Suitland Rd., S.E., 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07132 17736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Manth Day 2b. HOURA (Type or Print) Tracy Scott Lewis ESTI-11:39 DEATH MATED 3 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR pup lost birthday) HOURS Month M 10-1-68 1969 11394 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED dipng with farm Montgomery Land 2 with the State D W. Va. US WIDOWED [7] DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 24 hours after deoth 12b. KIND OF BUSINESS OR Watch in ton, San & Hosp during mast af warking life, even if retired.) **INDUSTRY** Takoma Park. Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c._CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 1/3b. COUNTY YES NO 7110 Poplar Ave. lice ofter 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Charlotte Ellen Jerry Lewis hours . = poges 4 should be forwarded to the Chief Medical Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within pencil 17. INFORMANT **ADDRESS** (Yes, na, ar unknawn) (If yes give war or dates of service) File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" Asphyxiation due to airway obstruction IMMEDIATE CAUSE (a) ___ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit certificate should be Canditians, if any, which gave with food (graham cracker) rise to immediate cause (a), ony writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ond in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, be 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.)
Deceased infant aspirated particles 3 should PRIMARY TO OR CONTRIBUTING MEDICAL EXAMINER: buriol, cremation, AM 5-12 10 69 food CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Montgomery pleose execute Home Takoma Park 22a. I certify that took charge of the remains described above, hell an Autopsy Inspection V Inquiry X and in my apinian Accident / Homicide | Undetermined manner death resulted fram: Natural causes Suitide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may 10 FUNE Health NAME (Type the NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LQCATIDN (City or Town) (County REMOVAL (Specif erra alta Cemetinis Surce 25a. REC'D BY REGISTRAR 969 25b REGISTRAR'S'SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

413 MAKTLAND STATE DEPAKTMENT OF HEALTH

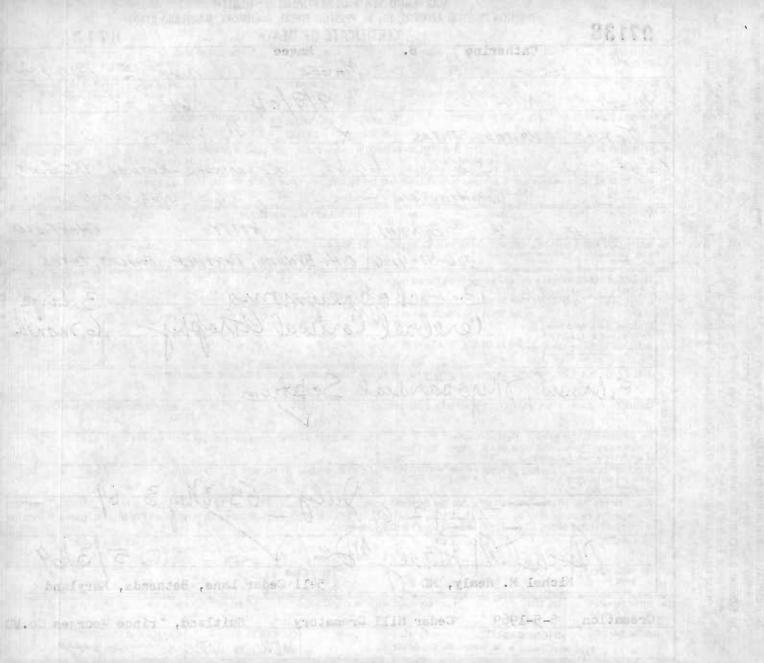


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07133 DECEASED-NAME Last 20. DATE OF DEATH (Type ar print) 4. RACE S DATE OF BIRTH 3. SEX IF UNDER 1 YEAR 6. AGE (In years lost birthday) MONTHS YRS requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if refired.) remove-sqrbon completely 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before event 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY and in only 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First WINIFREE COMPRISON UNKNOWN ease 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes, np, ar unknown) buriol, cremation, or removal, E, MELBOURNE AUE. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (onditions, if ony, which gove) signed by the burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior to t as the hos been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? PHYSICIAN: The YES 🔽 NO | TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use should be filed with the State Dept. of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at work ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from Africa 1967, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive oncauses stoted obave. (1) (we) (did not) view the bady after death. 22b. SIGNAJURE DIRECTOR 22e. ADDRESS Page 4 moy 22d. PHYSICIAN'S Leonard Gold Georgia Ave. Silver Spring. Md. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Maryland Suitland. 2So. REC'D BY REGISTRAR 8434 Georgia Avenue

MARYLAND STATE DEPARTMENT OF HEALTH

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CRTIFICATE OF DEATH OT 13 4	0	MARYLAND STATE DEPARTMENT OF HEALTH								
Detailed to part Detailed to	/	34	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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130_USUAL RESIDENCE (Where decected lived, it institutions Residence before 13s. (IT OR TOWN 18s. ROOK of Walts) 18s. STREET AND NUMBER 18	ath.			Catherine Middle B.	611	e 2a. DATE (44 -4	Voor	2b. HOUR	
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The continue is a control of the con	M Pod V	0		Jubryb gal	Hospital !	RESEARCH	ER - RETIRE	V.S.C	FOUT.	
18 19 19 19 19 19 19 19	ample care of event	adm	USUAL RESIDENCE (Where deceas	136. CQUNTYASHINGTON	13c. CITY OR TOWN 13d. IN YES		1. 7.///	i N. w.		
18 19 19 19 19 19 19 19	and of the state o	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN	NAME First	Middle			
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MARYLAND STATE DEPARTMENT OF HEALTH

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	2-1		07141	DIVISIO	ON OF VITA	L RECORDS,	301 W. P	RESTON STREET	T, BALTIMOR		YLAND 2120	TH Month 5 Doy 31 Yeor 69 7:50A M AGE (In yeor 148 IF UNDER 1 YEAR IF UNDER 24 HRS. str birthdoy) YRS. TH MERY Month's OAYS HOURS MIN YRS. MONTH'S OAYS HOURS MIN YRS. TH MERY Mod. d of work done even if retired.) WPT. AND NUMBER #2, Box 202 Middle Lost HOLLIDAY Address Same 28 13 APPROXIMATE INTERVAL BEAWERN ONSET AND DEATH ACCUPTATION WERE FINDINGS CONSIDERED IN CERTIFYING DEATH? Port 1 or Port 2, Item 1B.) OWN County Stote AFF AFF AFF AFF AFF AFF AFF A		
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	death.			First ALIN	NMN	Middle	MA	LONY	20.	DATE OF C	Month 5	Doy31	Yeor69	
	nours after death. by the funeral Popes 1 and 2 hours after death.	3. SI	FEMALE	4. RACE	WHIT	E		S. DATE OF BIRTH	11-29-2	0	6. AGE (In years lost birthdoy)	HE UNC		
4	in by ers. Po		BIRTHPLACE (Stote or foreign ntry) NEW YORK		N OF WHAT CO		8. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED		UNTY OF D	DEATH			Md
	be executed within 24 hours after death and campletely filled in by the funeral e remove carban papers. Pages, 1 and 3 in any event, within 72 hours after death	10.	OLNEY		11. NAME OF give street o	HOSPITAL OR INS	TITUTION (If n	ot in hospital GENERAL	120. USUAL OCC				DUSTRY	JSINESS OR
	implete ve carb		USUAL RESIDENCE (Where desission) STATE MARYLA	eceosed lived, if	f institution: ReDUNTY MONT	esidence before	13c. CITY OR		INSIDE CITY LIMITS?	13e. STRE	EET AND NUMBE	R		STIAL
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			WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes	ARMED FORCES give war or dates of s		8-18-94		Mary H.	Mitchel	11		25		
1830	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then pleas shauld be filled with the State Dept. af Health priar ta burial, crematian, or remayal, and	MEDICAL CERTIFICATION	Conditions, if ony, which grise to immediate couse (stating the underlying colost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical extension of work) 21d. INJURY OCCURRED While Of work of work 22d. I certify that (I) saw the decease causes stated at the couse of the couse	AUSED BY: AEDIATE CAUSE (DUE 1000), USE (DUE 1000), CONDITIONS CONDITION REYING 21b. ADDED TO CONDITION COMMINER LEYING 21b. ADDED TO CONDITION COMMINER TO COMMINER TO COMMINER THE COM	(o) TO, OR AS A CO (b) TO, OR AS A CO (c) FOR WHICH OP TIME OF INJURY RAM. MOR P.M. INJURY (AT HON OFFICE	(o), (b), and (c). ON FOUENCE OF ON FOUENCE OF O DEATH BUT NO ERATION WAS PE RY BUILDING, ETC. It be deceased to the deceased of the de	DT RELATED TO REFORMED 21c. Hi 21f. 10 and from Capabady after A Day on bady after	20a. AUTOPSYS YES DOW INJURY OCCURR DOCATION Street or that in (my) (death.	R.F.D. No. Qur) opinion MED. DIRECTO	CAUSES (CAUSES	yes, were FINDII OF DEATH? In Port 1 or Po or Town STAFF PHYS.	Cou	ERED IN CER B.) Inty GREED IN CER GREED	TIFYING Stote (1) (we) last and from the
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HEALTH DEPT.		ECEASED-NAME Type or Print) SA	RA First		R.Mi	ddle	MANUELI		20. DATE KNO OF ES DEATH MA	III INMAV	^{Day} 1	Year 91:4	ROM
del del M3.	3. \$1			S. DATE OF BIR' 2/15/9)1	6. AGE (In last birth		HOURS MIN		NOUNCED DEAD	Year	69 1 HOU	RS M
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0 00 0	13a.	USUAL RESIDENCE (WH	ere deceased		tion: Resident	ce befare 13d		3d. INSIDE CITY LIMITS? YES NO	13e. STREET A 6121	ND NUMBER Montr	•se	Ave.	
hours office of the contract o	14. F		First raham	Middle	Rosen	bloom	IS. MOTHER'S MAI		nie	Middle	Petu	last	
n pencil in Examiner's File pages		was deceased ever in the second of the secon		CES? or dates of service)	16b. SOCIAL SI	CURITY NO.	17. INFORMANT Janette	Getz, 1	0500 Roc	ADDRESS ckville	Pike,	Rockvi	De
certificate shauld be executed writing the word "pending" in rwarded to the Chief Medical E. sed as a burial-transit permit. F. naval, and in any event within		18. CAUSE OF DEATH PART 1. DEATH N 4/2 5 Conditions, if ony, whrise to immediate costoling the underlyingst. PART 2. OTHER SIGNIFI	MAS CAUSED B' IMMEDIATE nich gove ause (a), ng cause	Y: CAUSE (a) DUE TO, OP (b) DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	UENCE OF UENCE OF	ated to the terminal of	lie de	Jeans TION GIVEN IN PA	luce t De	see	TEEN ONSET AND DEATH	
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=	MEDICAL CER	21g. EXTERNAL CAUSE PRIMARY OR CONT CAUSE OF DEATH		21b. TIME OF HOUR A.A	Λ.	, Day, Year 19	21c. HOW INJURY O	CCURRED (Enter no	ature of injury in	Part 1 or Part 2, I	tem 18.}		
S S F S E	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		CE OF INJURY (A y, affice building	t home, form g, etc.)	, street,	21f. LOCATION Street	ar R.F.D. No.	City or T	own	County	Stote	
no DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health prior to burial, crem			y that I tool	c chorge of the Natural cause		described (M.D. ASS	DPSY, Homicide LEF MEDICAL EXAM SISTANT MEDICAL E PUTY MEDICAL EXAM DRESS OF POTESTS DRESS OF POTESTS DECEMBER 1991	EXAMINER D	Inquiry States and manner		d in my opinio	7
To I the	230	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DA	22 - 69			nevery or crematory od Cemetery	23	3d. LOCATION (Ci	y or Town)	(County)	(State)	_
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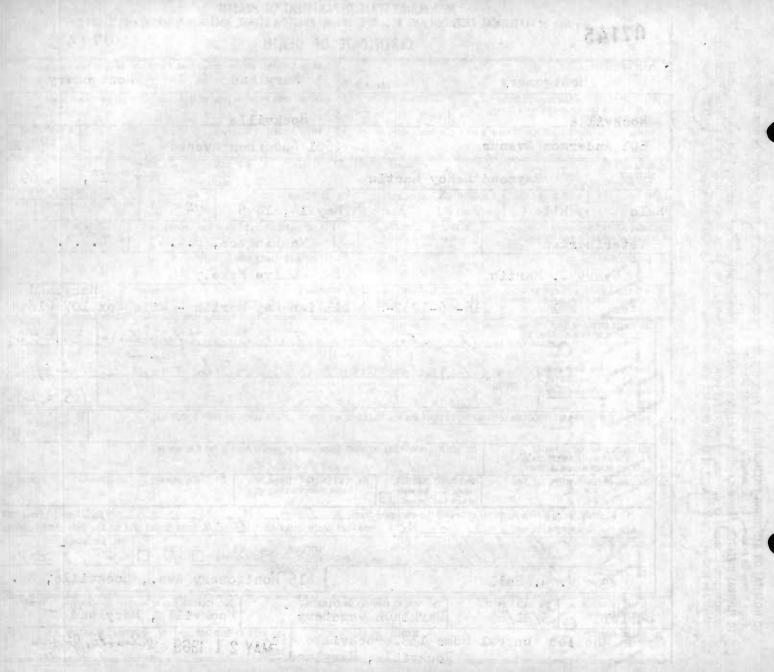
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	07143 DIVISION OF V	CERTIFICATE OF DEATH	071;	39
executed within 24 hours after death. d completely filled in by The Funeral imove carban papers. Pages I and 2 any event, within 72 hours after death.	1. DECEASED-NAME First (Type or print) Grank	Middle Lost Belnont Marks	20. DATE OF DEATH	2b. HOUR
by the funerol Pages, I and S	3. SEX Male 4. RACE WH	5. DATE OF BIRTH June 16, 188		
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₹00	Silver Spring give str	eet oddress) during m	AL OCCUPATION (Kind of work done 12b KINI	D OF BUSINESS OR
remove corban pope any event, within 7/	13o. USUAL RESIDENCE (Where deceosed lived, if institution	n: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	
.= /	14. FATHER'S NAME First Middle unk		unk	Lost
oval, and i	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pov or unknown) (If yes give war or dates of service)	6b. SOCIAL SECURITY NO. 17. INFORMANT Bangs 216-46-2013 9 Mrs. H. Stand	Ley Stine - 617 Benning	Spring,M a gton Lane
ourial tronsit permit. The burial, cremation, or rem	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. (c)	Jay (0), (b), ood (c).) Jay Stelle Smeure JONSEQUENCE OF ALCHSEQUENCE OF MARKET HOME	lung /	PROXIMATE INTERVAL
Health prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH		CALISES OF DEATHS	IN CERTIFYING
e Dept. of Healt	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) OR CONTRIBUTING PAUSE OF DEATH P.M.	Month Day Yeor		
	While Not while at work of work		+ ,	Stote
The Siu	22a. I certify that (I) (this hospital) attention saw the deceased alive on causes stated abave, (I) (we) total for	ded the deceased fram / 9 , 19 , 19 , 20 and that in (my) (cor) api	5. Q, ta3/18, 19. GT, t nian death accurred an the date and ho	hat (I) (we) last jur and fram the
filed with	22b. SIGNATURE	DEGREE ATTENDING PHYS.	NED. STAFF 22c. DATE SIGNET SIRECTOR PHYS. 5/18	/69
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type) H.C. Leonardo	Belmont Belmont Belmo		
00	BIRTHPIACE (Store or foreign 17b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MOUNTED DIVORCED 9. COUNTY OF DEATH MOUNTED DIVORCED 9. COUNTY OF DEATH MOUNTED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in-hospitol diving most of work done dry or street oddings) 12b. KIND 12b. KIND			
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	à (.	3	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WARREN 19 COUNTY OF DEATH	
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	within	bon bound within	10.	Octhes da give street address) Suburban during most at working life, even if retired.)	1/2b. KIND OF BUSINESS OR INDUSTRY
	cuted	amplet ove car event,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE 13b. COUNTY Montg. 13c. STREET AND NUMBER 13b. COUNTY Montg. 13c. STREET AND NUMBER 1250 1250 13c. STREET AND NUMBER 13c.	st Street
	pe exe	e remo	14.	FATHERS NAME, First Middle Martin 15. MOTHER'S MAIDEN NAME First Middle	Last
	requires that the death certificate be executed within 24 haurs after death g physician.	signed by the attending physician and kampletely filled in by the burial-transit permit. Then phase remove carban papers. Bog burial, crematian, ar remaval, and in any event, within 72 hours.	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service)	'st Street
	Cer	The m		IB. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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	to . T	msi mc		rise to immediate couse (a), (b) Gerebrat arter10sc1eros18	years
	s th	signed by the burial-transit p burial, cremati		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost. (c) Hypertensive heart disease	years
11	uire	gne Jria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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	ICIA pital	of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M.	10.7
	OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician.	director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town City or Town	ounty State
	NG ×	e d ate	1		2 that (1) () 1
	a p	d b St St	5	22a. I certify that (I) (this hospital) attended the deceased fram 19 67, and that in (my) (ear) apinian death accurred an the date of	, that (1) () last
115	Tie de	± g g		causes stated abave, (1) (we) (did) (did not) view the bady after death.	and hadr and fram me
	A AI	K K K K K K K K K K K K K K K K K K K		22b. SIGNATURE 22c. DATE NO DECREE ATTENDING MED. STAFF 22c. DATE	SIGNED
	p e o	<u>e</u> e e		DEGREE PHYS. DIRECTOR I PHYS.	5-69
	TO HOSPITAL Page 4 may b	r, po		22d. PHYS/CIAN'S 22e. ADDRESS	
	10S	aulo	23g	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (C	County) (State)
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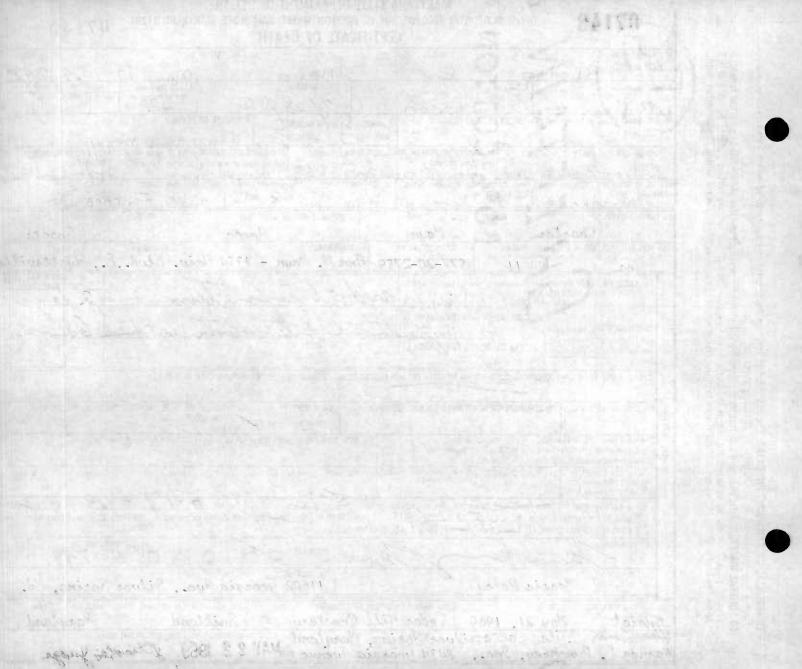


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	aff per ion,		4109		OR AS A CONSECUENCE O)F	U					
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0	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Figure 4 may be retained by the hospital or attending physician and completely filled in by the funeral discrete, page 3 should be detached for use as the burial-transit permit. Their please remove corbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 22 hours after death.	×	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONT	VONCE OF C	LOBY CA	THE TERMINAL DIS	SEASE OR CONDIT				
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	IYSI nosp cer chec pt. c	ME	21d INTURY OCCURRED 21	PLACE OF INJU	JRY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		ATION Street or	R.F.D. No.	City or Town	C	ουπτγ	Stote
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	ed ed ld		saw the deceased	alive on	did) (did not) view th	19 <u>0</u> 1, and	that in (my) (aur) opinian	death occurred an	the date of	and haur o	ind from the
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23 An interest and interest for the state of the said Secretary of the second of the

1 07147 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY CERTIFICATE OF DEATH	01143
1. DECEASED-NAME First Middle Lost 2o. DATE OF D	
# E E E MAY GERTRUDE MARTINEZ MAY	Month 31 Doy 1969 6:37P
3. SEX 4. RACE S. DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE CAUCASIAN 27 DEC 1904	lost birthday) MONTHS DAYS HOURS MIN
1. DECEASED-NAME (Type or print) ANN GERTRUDE MARTINEZ MAY 3. SEX 4. RACE CAUCASIAN 70. BIRTHPLACE (State or foreign fountry) WASHINGTON, DC U.SA. WIDOWED MONTH OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Acceptable))	GOMERY
DECEMBER NAME (Type or print) ANN GERTRUDE MARTINEZ 3. SEX JAME OF DECEMBER NAME FEMALE 70. BIRTHPLACE (Stote or foreign JOUNDAL) TO BUSING THE MAN ARRIED NOTH SETTLE SDA TO BUSING TOWN JOUNDALD TO BUSING TO BUSING T	ind af wark done 12b. KIND OF BUSINESS OR INDUSTRY
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14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First JAMES G BERRY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ocunknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 579-24-5610 VIRGIN M HUMPHRIES 96	Address LANHAN, MD O3 WELLINGTON ST
Tes, no counknown) (If yes give wor or doles of service) 579-24-5610 VIRGIN M HUMPHRIES 960	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DEGREE PHYS. DIRECTOR	
E DOMESTI 0.74/DG INCLUDED INTERESTINA	GTON, VIRGINIA
VR A15 (4) 45M 1/49 24. FUNERAL DIRECTOR ADDRESS ADDRESS 250. RECD BY REGISTRAR DATJUN 5 1969	25b. REGISTRAR'S SIGNATURE

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				DEPARTMENT OF HEAL		
0		07150	DIVISION OF VITAL RECORDS, 301 W. P		E, MARYLAND 21201	
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ter Ter	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNOER 1 YEAR IF UNOER 24 HRS.
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hin 24 filled rithin 77	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If a give street address)	not in hospitol 120. USUAL OCC	UPATION (find of work done	12b. KIND OF BUSINESS OR INDUSTRY
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moy be retained by the hospital or attending physicion. RAL DIRECTOR: After this certificate has been signed by the attending physician and compilerely filled in page 3 should be detached far use as the burioi-transit permit. Then please remove carbon paper be filled with the State Dept. of Health priar to burioi, cremation, or removal, and in any event, within 72	160	'es, no, ar unknown) (If yes give v		INFORMANT	Address	1 2 664
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phy sign bur bur	18	PART 2. OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I(o)	
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Did in Par	MEDICAL	(If either, natify medical exam	ier) P.M. 19			
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det te D		al wark at work		7-15-10/5	A 10 104	9 11 11 11 1
by by Sto Sto		22a. I certify that (1) (th	s haspital) attended the deceased from ive an, ar	and that in (my) (my) aninian	death accurred an the dat	and hour and from the
R: 4		auses stated abov	, (I) (4)+ (did) (did nat) view the bady after	death.	deam accorred an me dai	e and noor and train the
ATTO SHOULD HE		22b. SIGNATURE)			22c. 0	ATE SIGNED
OR Se 3 ad w		N-H	Source ach Kee	REL CATTENDING MED. DIRECTO	OR D STAFF D 5	-19-69
AL Door E		22d. PHYSICIAN'S		22e. ADDRESS		C . M.I
ERA ERA d be		NAME (Type) G. 19	Sengstack		a Blud., Silver	
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VR A15 (4)		FUNERAL DIRECTOR		Mary Badec'D By REG	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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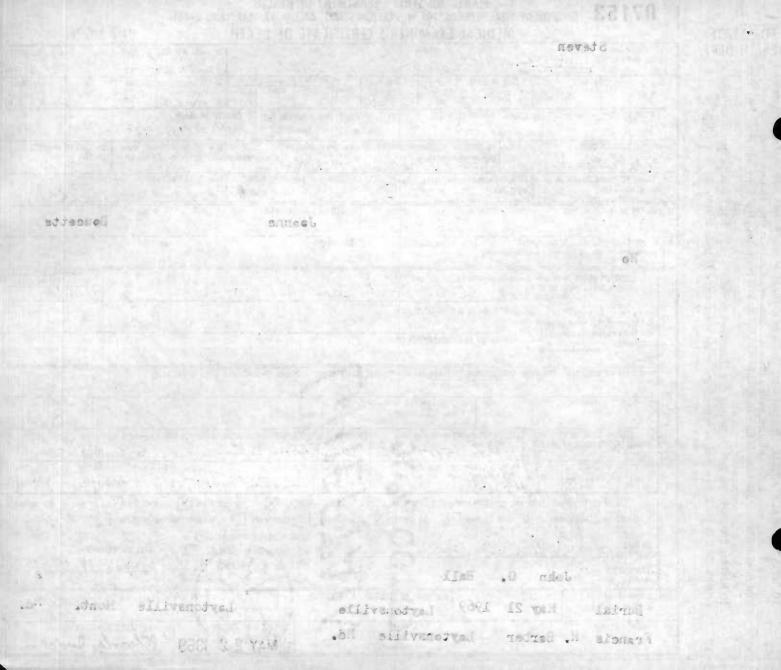
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y.	The land are the has be use as alth price	E				YES 🗆	NO 🗀	CAUSES OF DEATH?		
	AN: al ar icate far us Healt		210. ACCIDENT WAS UND			21c. HOW INJURY OCC	URRED (Enter notu	re of injury in Port 1 or Port	2, Item 18.)	
	CA Figure 1	MEDICAL	OR CONTRIBUTING CAUSE		Month Doy Yeor					
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	this this let de De	13	While Not while at work	A Section of the Control of the Cont						STATIST
		H	22a. I certify that ((this hospital) atten	ded the deceased fr	om Aun	e-, 1967.	ta May 25, death accurred an the	19_69, that ((I) (we) las
	De Sed He Sed		saw the deceas	ed alive an ma	ig 25 1969	Z, and that in (m	y) (our) apińian	death accurred an the	date and haur a	nd fram the
-	din		A	abave, (I) (we) (did) (d	ya net) view the bady	atter veath.				
	OR ATTENDIN be retained by DIRECTOR: After ie 3 should be ed with the Sta		22b. SIGNATURE	1. 1.1.	h	ATTENDIN	IG MED.	C STAFF C	may 2 S	- 1619
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	ital OR ATTENDING PHYS may be retained by the has may be retained by the has page 3 shauld be detache be filed with the State Dept.		NAME (Type) Fr	ederick Moom	an	m	diant	Contes Su	andy So	wand
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	230	BURIAL, CREMATION,	23b. DATE	22c. NAME OF CEME	FPY OR CREMATORY	1 234	- LOCATION (City or Town)	(County)	(Stot)
	Page O Fl dire	230	REMOVAL (Specify)	5-26-1969	Medical S	chool-Anat	niversity	LOCATION (City or Town) Washingto		(3/3)
		24.	FUNERAL DIRECTOR	JOSEPH GAWLER'S	SON, IADDRESS	O.OOL-MAC	250 REC'D BY REG		AR'S SIGNATURE	
	30M REV.			WISC. AVE., N. W. WA	ASH. D. C. 20016		DATE MAY 2	1969	may formy	-

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W							DEPARTMENT OF HEA			
			07152	DIVISIO	ON OF VITAL RECORD	S, 301 W. PI	RESTON STREET, BALTIMO	RE, MARYLAND 2120	07148	2
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ie ie	s l fer	3. S	EX	4. RACE	. / . /		S. DATE OF BIRTH	6. AGE (Ipryeors		UNDER 24 HRS.
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- in	Arges 1 and 2 auts after death.		BIRTHPLACE (Stote or foreig	n 7b. CITIZE	N OF WHAT COUNTRY?	8. MAPPIED I	NEVER MARRIED 9. C	OUNTY OF DEATH		
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e ×	and co	14.	FATHER'S NAME First	// N	Aiddle // Los	15	. MOTHER'S MAIDEN NAME First	Middle	11 1	Lost
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o de	cian and i		WAS DECEASED EVER IN U.			DYNO. 17. II	NFORMANT	Address		100
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e t	a je se		18 CALISE OF DEATH (F	oter anly one car	se per line for (o), (b), ond		765-76-6		APPROXIMATI	E INTERVAL
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qui	piny sign suri		PART 2. OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(o)		
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a w	as been as the priar to	TIO	19o. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN CERT	TEVING
e de de	b d d	FIC					YES X. NO	CAUSES OF DEATH?	75 CONSIDERED IN CERT	II TINO
F 5	ficate ho far use Health	CERTIFICATION	21o. ACCIDENT WAS UND	FPLYING 216	TIME OF INJURY	In. uc		(11 1 0 1 1 0 1	0.4. 101	
AN	He far al		OR CONTRIBUTING CAUSE		IR A.M. Month Day Ye	or Zic. HU	OW INJURY OCCURRED (Enter not	ure of injury in Port I or Port	2, Item 18.)	
Sign	ed feed feed feed feed feed feed feed f	MEDICAL	(If either, notify medical		P.M.	19				
H Y	by the this ce liter this ce be detache State Dept.	2	21d. INJURY OCCURRED While The Not while The	21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LO	CATION Street or R.F.D. No.	City or Town	County	Stote
C +	e de la		While Not while ot work							
Z Z	fter tat		22a. I certify that (I) (this haspite	al) attended the dece	sed from	4/13 , 19 <i>69</i> That in (my) (our) opinion	, ta_5/1,	1969, that (1) (we) last
N. S	d A P		saw the deceas	ed alive an_	V/ED/EL	_19 <i>69</i> , and	That in (my) (our) opinion	n death occurred on the	dote and hour on	d from the
A E	# 4 TO TO			bave, (I) (we) (did) (did not) view tl	e body after d	leath.	FIGURE 1		
OR ATTENDING	Wis SE		22b. SIGNATURE				ATTENDING MED.	STAFF 2	2c. DATE SIGNED	10
0 3	y be retained. L DIRECTOR: / age 3 shauld filed with the			ick y. D	onn	DEGRE	EE PHYS.	OR PHYS.	0/1/196	,71
TAL	RAL DIR		22d. PHYSICIAN'S NAME (Type)	. a la. A	6311 No	. 41	22e. ADDRESS	I B of he	11	21
TO HOSPITAL	Trage 4 may be retained by the hashing of attending physican. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trag shauld be filed with the State Dept. af Health priar to burial, cre		White (1) the	MUNK	N 1/4/10	w	10400 Con	m, and , the	Mayor,	May
HO	FUNE Girectar Shauld	230.	BURIAL, CREMATION,	23b. DATE		OF CEMETERY OR		d. LOCATION (City or Town)	(County)	(Stote)
0 0	○ ≘≈″	K	REMOVAL (Specify)	May 5.1	969 Cedo	r Hill	Cemetery	Suitland. 1	Maryland	
Sich Control	17()			len Cart					AR'S SIGNATURE	
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2	07.153 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR-STATE		149
HEALTH DEPT.	1. DECEASED-NAME STATE First Middle Last 2a. DATE KNOWN Month (Type or Print)	Day Year 2b. HOUR
to t	DEATH MATED & 5	17 1969 10 15 M
any delay is 2, and 3 to PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 10 September 24 Hrs. 10 September 24 Hrs	Year 2d. HOUR
P. art		Year 1969 10 5 M
after death any delay is 8. Give Pages 1, 2, and 3 to alang with farm PM3. Page with the State Department of leath	70. BIRTHPLACE (State or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOTTY OF DEATH	4/ Md
ath age stat Stat		12b. KIND OF BUSINESS OR
g with	(21 1000) 5924/NONCOS/er/W// (a)	INDUSTRY
in 24 haurs after death eff in Item 18. Give Pages 1, inex. Office along with farm ages 1 and 2 with the State Deaurs after death	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE THE COUNTY T	mill 01
haurs Tand 2 after d	14. FATHER'S NAME First Middle C Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 haurs in from 1 20ffice 35 Tand 2 rs after d	Carl W Mx She Joanne	Deucette
E 5 5 5 -	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
be executed wit "pending" in penief Medical Exanonsist permit. File event within 72	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed pending" in lef Medical E nsit permit. I svent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CUIT Shot WOUND OF HERCH	Sudden.
exe endi mendi it pe	923 DUE TO, OR AS A CONSEQUENCE OF	
d 'p Chief	Canditians, if any, which gave rise to immediate couse (a), (b)	
s certificate shauld be executed e, writing the ward "pending" is farwarded to the Chief Medical sused as a burial-transit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate sho g the v ed to th s a buri and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficat ing rded as o I, ar		
this certifiate, writine farwar	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Its	20. AUTOPSY?
his a ate, e fa be u	WAS PERFORMED?	YES 🖄 NO 🗌
MINER: Thi the certificate the certificate of a should be ur files. e 3 should be emation, or resemption.	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite	em 18.)
NER e cer shau files. Sha atiar	PRIMARY OR CONTRIBUTING HOUR AM 5/17 1969 When Islaming with guns with log free 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
JICAL EXAMINER: This certificate should please execute the certificate, writing the ward a director. Page 4 should be forwarded to the Cletained for your files. DIRECTOR: Page 3 should be used as a burial-transfer to burial, cremation, or remaval, and in any are to burial, cremation, or remaval, and in any	WHILE AND WHILE AT WORK A THE STREET OF THE	
ical Exa e execute ctar. Page ed for yau crok: Page burial, cre	22a. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X]	
bur Cyler bed and CA	death resulted fram: Natural causes 🔲 , Accident 📉 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
ral direction (AL DIRECTION)	ACTUAL OL- B3 B-00 CHIEF MEDICAL EXAMINER COLDANGE	
	SIGNATURE AND ASSISTANT MEDICAL EXAMINER () AND ASSISTANT MEDICAL EXAMINER () AND ASSISTANT MEDICAL EXAMINER ()	
ro DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S NAME (Type) John G. Bell ADDRESS(Street, city, town, or county)	7 18, 1969
TO DEPU necesso the fun 5 may TO FUNE Health	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Jown)	(Caunty) (State)
VR A15ME (S)	24. FUNERAL DIRECTOR Francis H. Barber Laytensville Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S STATE 25b. REGISTRAR'S STATE 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S STATE 25c. REC'D BY RE	las Judan
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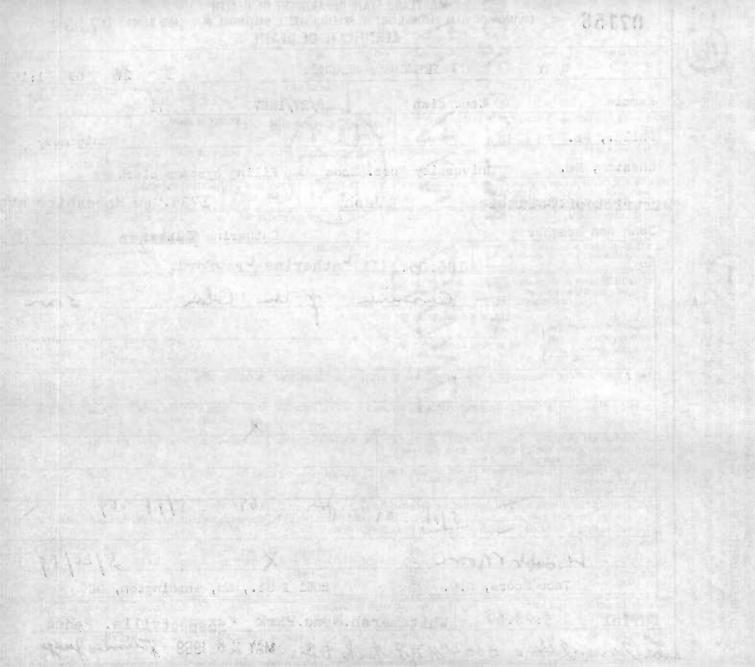
	1		4	H 07154	DIVISION OF VIT	AL RECORDS, 30	W. PREST	ON STREET, BALT	IEALTH IMORE, MAI	RYLAND 21201	7150	
	death.			CEASED-NAME First	ul T./Mg	Middle	CHELCATI	OF DEATH	20. DATE OF			2b. HOUR
	be executed within 24 hours after death and completely filled in by the wreach e remove corban papers. Pogys 11 and in ony event, within 72 hours after death		3. SE	X Male	4. RACE Whit	11/1	S. D/	Sept 11, 19	900	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
•	within 24 hours ely filled in by the papers. Pogram within 72 hours		7o. I	BIRTHPLACE (Stote or foreign niry) Maryland	76. CITIZEN OF WHAT CO	A. W	IDOWED 🗌	DIVORCED	9. COUNTY OF	DEATH		M
	ecuted within 24 ha completely filled in ove corban papers. y event, within 72 h	20]	Bethesda, Md	give street	pan 40spi	tal	during mo	L OCCUPATION ost of working	(Kind of work done life, even if retired.)	12b. KIND OF I INDUSTRY Real E	
	nd completemove correctiony event,	85	odm	USUAL RESIDENCE (Where deceose ssion) STATE W. Va.	138. COUNTY	- B	city or town	YES NO	Ber	REET AND NUMBER OF	Wilkes	
	ate be ex icidn and lease rem and in on	3		ATHER'S NAME First WAS DECEASED EVER IN U.S. ARM	Middle	Lost SOCIAL SECURITY NO.	15. MOT	HER'S MAIDEN NAME FI		Middle		Lost
	physician penysician hen please noval, and i			es, no, or unknown) (If yes give wo	r or dates of service) 2	17-24-8304		Evelyn Mc	Berkley Henry,2	SpriAtes,	St.	MATE INTERVAL
	- O) - C			18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIA)	BY: // _	ite my	scar	dial in	Marc	Tun	BETWEEN ON	NSFT AND DEATH
	law requires that the deoth nding physician. been signed by the ottendins the burial-tronsit permit. ior to burial, cremation, or re	X		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A G	SCVD CONSEQUENCE OF	C 2	prior my	reade	al marche	no /	5 yrs.
2	physici signed burial-i			PART 2. OTHER SIGNIFICANT CON	(c)	TO DEATH BUT NOT R	ELATED TO THE	TERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(o)		
1/	The otte hos se o		CERTIFICATION		ONDITION FOR WHICH O	PERATION WAS PERFOR		Oo. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS CO OF DEATH?		RTIFYING
	O HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 may be retained by the hospital or offer O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use of the befiled with the Stote Dept. of Health pi		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin-	HOUR A.M. Mo P.M.	onth Day Year 19		JURY OCCURRED (Enter				
	OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certificate 3 should be detached for ed with the Stote Dept. of H.		4	of work of work	PLACE OF INJURY (AT HO	-			City	or Town	County	Stole
	OR ATTENDING De retained by the IRECTOR: After the 3 should be ded with the Stote			22a. I certify that (I) (this saw the deceased all courses stated above.	ve on // (did) (did	not) view the bad	g, and tho	t in (my) (our) opin	nion deoth o			(I) (we) los ind from the
	O HOSPITAL OR ATTENIOR Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1		22b. SIGNATURE 22d. PHYSICIAN'S	ich m	rinke		ATTENDING MPHYS. DI	ED.	STAFF PHYS. 22c. 1	DATE SIGNED	-69
	TO HOSPITAL Poge 4 moy to FUNERAL D director, page			NAME (Type) Fred	erick Moom			Suburban		1, Bethesd	-	
	Poge direction				/26/69	23c. NAME OF CEME	inthic	ım	Clarks	N (City or Town) ville, Mar	(County) yland	(Stote)
	VR AVS	No	24. Fu:	FUNERAL DIRECTOR Howard neral Home of	County arry Witzk	e ADDRESSET	land	1 ty 2So. REC'D BY	Y REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	de la

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1.	Item6 FilmG412 DECEASED-NAME Firs		Middle	EKIIFICA	TE OF DEA		ATE OF DEATH		0715	2b. HOUR		
L	(Type or print) Rita		Doreen	1	C NABB	Ma	ay M	anth 3 Do	1969	1145		
3.	SEX	4. RACE	DO WOLK TO	5.	DATE OF BIRTH		6. AG	E (In years	IF UNDER I YEAR MONTHS CLAYS	IF UNDER 24 HRS. HOURS MIN.		
	Female	Caucas			Jul. 3,		DY	birthday) YRS.	munins dats	HUUKS MIN.		
	BIRTHPLACE (State ar fareign auntry)	7b. CITIZEN OF W		8. MARRIED	NEVER MARRIED		ITY OF DEATI					
10	Canada		nada IAME OF HOSPITAL OR INST	WIDOWED [DIVORCED	. USUAL OCCUP	ntgome		Last source	Mo		
1	Bethesda	give	street address) Nava	1 Hospi	tal	Housew	orking life, ev ife	ven if retired.)	INDUSTRY i) [ww/	BUSINESS OR		
00	a. USUAL RESIDENCE (Where decea missian) STATE Marylar	ised lived, if institu	ontgomery	Wheator		NO [13e. STREET A 108	ND NUMBER 15 Buck	nell Dr	ive		
14	. FATHER'S NAME First	Middle	Last		OTHER'S MAIDEN N			Middle		Last		
1	Roy od. WAS DECEASED EVER IN U.S. AR	Dougla				Mabel	.3	•	Tro	Ч		
1	Yes, no or unknown) (If yes give	MED FORCES? war ar dates of service)	None		Lawrence	Meaton G. Mcl	Vabb	Address	Buckneds	7 Dr.		
-		nly and cause nes li	 	480.	274112 0 1200		,		APPROXI	MATE INTERVAL DISET AND DEATH		
1	PART I. DEATH WAS CAUS	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Mellanoma										
ı	1729 IMMED		AS A CONSEQUENCE OF									
ı	Canditians, if any, which gave) ",	AS A CONSEQUENCE OF						HIST			
1	rise to immediate cause (a), stating the underlying cause	, ,	AS A CONSEQUENCE OF									
1	last.	(c)										
1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBE	JTING TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION	GIVEN IN PA	ART 1(a)				
20	19a. DATE OF OPERATION 19b	CONDITION FOR WIL	HICH OPERATION WAS PERF	COMPO	00 44700040		201 15 1155 11					
CEDTICICATION	E 170. DATE OF OPERATION 170	CONDITION FOR WE	HICH OPERATION WAS PERF	FORMED	20a. AUTOPSY?		CAUSES OF DE		CONSIDERED IN C	ERTIFYING		
TGS	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME O	F INITIRY	21c HOW	INJURY OCCURRED	(Enter pature of	of injunction De	art 1 or Port 2	Itom 10 \			
MEDICAL		TH HOUR A.M.	Manth Day Year	2.6.11017		(ziner narore (ar injury iii PC	an run run Z,	10.)			
AACD	21d. INJURY OCCURRED 21e While Nat while at wark	. PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	DRY.) 21f. LOCAT	ION Street ar R.F	.D. Na.	City ar Taw	/n	County	State		
1	22a. I certify that (1) (t)	nis haspital) att	ended the deceased	from An	ril 23.	19_69 . to	o Mav	3 19	69 that	71) (we) las		
	22a. I certify that (1) (the saw the deceased of	live on Ma	y 3 19	69, and th	at in (m) (ou	r) apinion de	ath accurr	ed an the do	ate and haur	and fram th		
	causes stated abav	e, (x) (we) (did)	taraxatkview the bi	ady after dec	th.			1 00	DATE CIONER	F-V-1		
1	A A A	Vo Vo	a ma	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAF	₩ 6	May 196	9		
	22d. PHYSICIAN'S D. L.	HORTON	THE MC TICKE		22e. ADDRESS							
Н		montron,			Naval I	-			Md.			
b-				METERY OR CRI	MATORY	1 224 17	OCATION (City	7 1	10 . 1	/C1 1 3		
23	a. BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF CE			230. 10	UCATION (City	ar lawn)	(Caunty)	(State)		
		ry 8, 196	9 St. Jol	hn's Ce	netery	Silv EC'D BY REGISTE	er Spr	ing Moi	ntgomery			

Charles and the contract of th THE RESERVE OF THE PARTY OF THE

	5 L		07156	DI	IVISION OF VII	AL RECORDS,	301 W. P	RESTON STR	ENT OF HEA	ALTH DRE, MARYLAND 2120	1 (715	2
	# - 6		T ' -1	First		Middle		Lost		Po. DATE OF DEATH Month	Day	Vaar	2b. HOURM
	funer de		MA			PHILOMEN	JA INE	AGHER		5"	26	Year 69	1:15M
	ours after death by the funeral Bages I and hours after death	3. 5	Female .		4. RACE	casian		S. DATE OF BIR	/1897	6. AGE (In years lost birthday)	MC	FUNDER 1 YEAR ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
Me	by the Park	70.	BIRTHPLACE (State or foreign	7b	CITIZEN OF WHAT		8		*	COUNTY OF DEATH	YRS.		
	d in pers.	can	Phila., Pa.		USA	4.3	WIDOWED		TED (TA)	SOURT OF BEATT	Mo	ontgome	ery Md.
	campletely filled in by the fur love carbon popers. Pages 1 y event, within 72 hours after	10.	Wheaton, Md.		give street	OF HOSPITAL OR INS address) Brsity Nu	TITUTION (If n	ot in hospitol	120. USUAL O	CCUPATION (Kind of work do of working life, even if retire of systems cle	one	12b. KIND OF B	
	mplet e carl e vent,	odn	USUAL RESIDENCE (Where denission) , STATE	ceosed	ived, if institution: 13b. COUNTY Imbia	Residence before	13c. CITY OR	TOWN 1	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	R		
	and campressed and ca	14.	Strict of . G	Colli	Middle	Lost	Wash		DEN NAME First	1735. ew	e Ha	mpshi	re ave
	be dan and din a		John nmn Meag	her						cine Kellehe			2031
	uth certificate be ex- ding-pebysician and Then please rem removol, and in an	1	. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes g		dates of service)	SDCIAL SECURITY N	17. 1	NFORMANT		awford.	SS	Pril.	
	PHYSICIAN: The low requires that the death certificate be executed within the hospital ar ottending physician. The hospital ar ottending physician. This certificate has been signed by the attending-physician and campletely fill tached for use as the burial-transit permit. Then please remove carbon poept. of Health prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and in any event, within the prior to burial, crematian, or removal, and the prior to burial.		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI	r only or USED BY MEDIATE C	ne couse per line fo			м.	the	Colm		APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
	t the dea the atter sit permit nation, or		Conditions, if ony, which go	ove)	DUE TO, OR AS A	CDNSEQUENCE OF		ſ					
	requires that the physician. Signed by the control transit posturial-transit posturial, cremation		stoting the underlying coulost.		DUE TO, OR AS A	CONSEQUENCE OF							
00	requires ng physici en signed ne burial-t	z	PART 2. OTHER SIGNIFICANT	CONDITI	ONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR COND	ITION GIVEN IN PART 1(0)			
5	SICIAN: The low respiral or ottending partificate has been sed for use as the been of Health prior to be	CERTIFICATION	19o. DATE OF OPERATION 1	19b. CONI	DITION FOR WHICH O	PERATION WAS PER	RFORMED	20o. AUTOP:	SY?	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CON	SIDERED IN CEI	RTIFYING
	pital ar ott pital ar ott rtificate has d for use of Health p	MEDICAL CER	21o. ACCIDENT WAS UNDERLED OF CONTRIBUTING CAUSE OF (If either, notify medicol exc	DEATH	21b. TIME OF INJU HOUR A.M. M. P.M.	JRY onth Doy Yeor 19	21c. HC	W INJURY OCCU	IRRED (Enter not	rure of injury in Port 1 or Por	rt 2, Iter	n 18.}	
	by the hospit ther this certifications of the certification of the certi	M	at work of work		CE OF INJURY (AT H			CATION Street	or R.F.D. No.	City or Town		County	State
	by Affer Stat		220. I certify that (I) saw the deceosed causes stated abo	(this h d alive ave, (I)	aspital) attende an (we) (did) (did	the decease	d fram	that in (my)	, 19 69) (obs) apinion	, to, n deoth accurred on the	19 6 e date	4 , that and hour o	(I) (We) last nd fram the
	O HOSPITAL OR ATTENI Poge 4 may be retained T FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	مامل	4 Moo		DEGR	ATTENDING PHYS.	MED.	C STAFF		E SIGNED	65
	SPITAI 4 may IERAL or, pa		22d. PHYSICIAN'S NAME (Type) Ta	abb N	Moore, M.	D.		22e. ADDRI 2001		NW, Washingt	on,	DC	
	TO HOSPITAL OF Poge 4 may be to FUNERAL Didicator, page should be file		BENOVAL (Spacify)	3b. DATE 5 • 2	28.69	23c. NAME OF C		.Memo.	Park	d. LOCATION (City or Town) rospectvil	lle.		(Stote)
	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR	How	200	ADDRESS ADDRESS	Starl	2 40	So. REC'D BY RE				ye.



11 101	Ttems 18&22a Film 474 MARYLAND STATE DEPARTMENT OF HEALTH 7-3-69 DEPARTMENT OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7153
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR 15 169 2:48M
iy deloy is y and 3 to PM3 Pege ar mentof	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS 2c. DATE PRONOUNCED DEAD logs highday) Months Days Hours Min. Month Day YRS.	2d. Hours Yeor 1969 2:48M
deoth ny	70. BIRTHPLACE (Stote or foreign 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	Md 12b. KIND OF BUSINESS OR INDUSTRY
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 134. GUNTY omery T. Park YES NO 136. STREET AND NUMBER 8221 Flower Ave	
rr's rr's rr's	Jacus Bonhour Bonner Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.	Gottlieb
d within in pencil Exomine Exomine. File paga	(Yes, no, or unknown) (It yes give war or dotes of service) 518-36-1891 James J. Middleton (Jon) This year	APPROXIMATINIERVAL
shauld be executed word "pending" is the Chief Medical urial-transit permit. in ony event within	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Acute bronchopneumonia associated IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	BETWEEN ON SET AND DEATH
ficate ting the rided to as o ball, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certific icote, writing be farwarded as de be used as or removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	20. AUTOPSY? YES NO
# - 9	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY Month, Doy, Year 421d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite 31d. INJURY OCCURRED (Enter nature of injury in Port 2)	m 18.)
g 3 ± 5 e ≥	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
please exect I director. Pa retoined for L DIRECTOR:	22a. I certify that I took charge of the remoins described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER . 22b. DATE SIGNATURE	ond in my opinion
TO DEPUTY necessory, the funera 5 may be TO FUNERA! Health pr	EXAMINER'S NAME (Type) 364 DEPLITY-MEDICAL EXAMINER (Type) 364 DEPLITY-MEDICAL EXAMINER (Type) 365 DATE 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
101	CREMOVALISTATION May 19.1969 FOR REMOVALISTATION COLOR	- md
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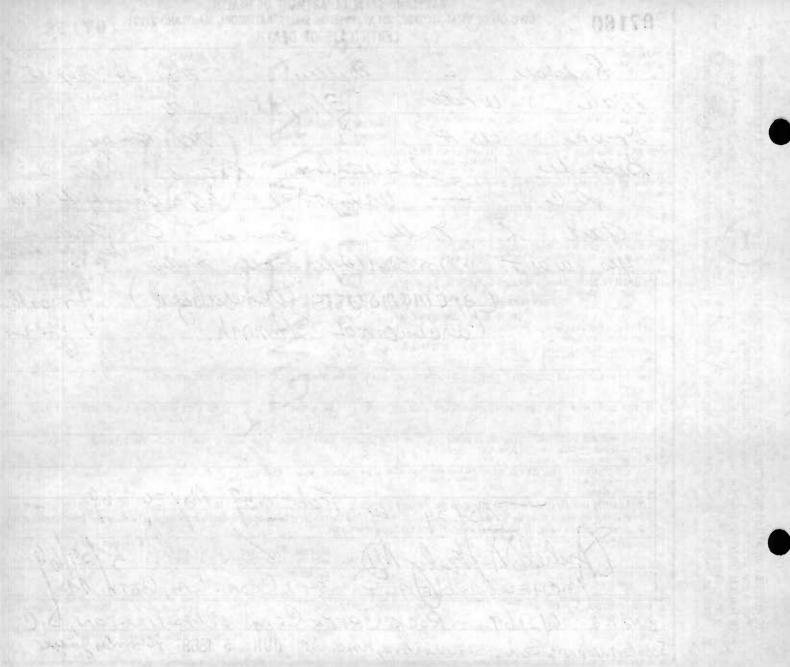
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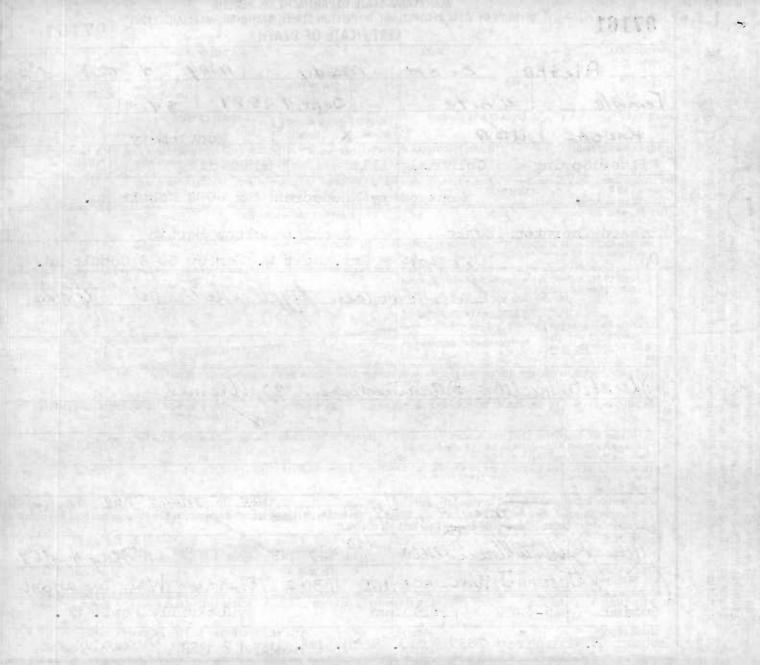
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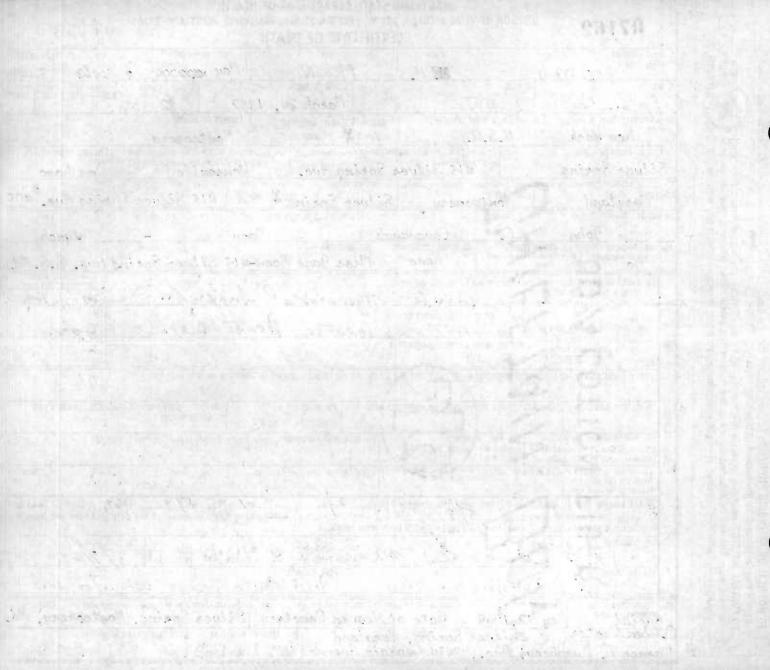
		MARYLAND STATE DEPARTMENT OF HEALTH
1-1		17159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07155
		CERTIFICATE OF DEATH
÷ -2÷		CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR-
dea dea	(ype or print) GLADYS D. MILLER MAY Month 28 Day Year 99 12 2 M
s ter	3. SI	S. DATE OF BJRTH 6. AGE (In years F UNDER 1 YEAR F UNDER 24 HRS. last bight y) MONTHS QAYS HOURS MIN.
the the	-	Temale (aucasiax) 8/11/96 last birth 1) NONTHS DAYS HOURS MIN.
10 M	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ted within 24 haurs after death pletely filled in by the funeral carbon papers. Pages 1 and 2 rent, within 72 haurs after death		enn. U.S.A. WIDOWED DIVORCED Montgomery
를 모든 /		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12d. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
yle ban wit		ilver Spring give street address) Oross Hospital during most of working life, even if refired. INDUSTRY Holy Cross Hospital Retired Royal Typewriter Co.
carl ent,	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE 13b. COUNTY 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER
e remave lin any ev	uum	Md Montgomery Silver Spring No 1400 Fenwick Lane
E E E	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
din		William Lavies
signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Peges 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs-after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 127401155 Barbara Rd.
en en y		es, no, or unknown) (If yes give wor or dates of service) 578-26-3114 William A. Derlew-Wheaton, Md.
E H		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (k).)
ar r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congostive Heart to luve & month
gan,		0140 DUE TO, OR AS A CONSEQUENCE OF
nat		Canditians, if any, which gave (b) MITRIT STENOSIS with Insu Heieray Fronts.
E E		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
rial,	-9	lost. (c) KHENMATIC HEART DISEASE. JEARS!
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
priar to t	NOI	BEVERE ARTERIOS CLEROSI) AND GRONARY VI) EASE. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY2 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
Health priar to	CERTIFICATION	YES NO CAUSES OF DEATH? JES.
af Health		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
re Dept. af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
-	MED	21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
		While Not while at work A transfer of the street of the st
1		22a, certify that (1) (this hospital) attended the deceased fram
ט		saw the deceased alive on
		causes stoted abave, (I) (we) (did) (did not) view the body after death.
should be filed with the State Dept.		22b. SIGNATURE # MED. STAFF 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 5/28/69
tiled		224 PHYSICIAN'S 224 ADDRESS
90		NAME (Type) Hu 60 G. GRAZIANI MD 10,01 GEORGIA AVE. S.S. MO.
DING	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) / (State)
S		REMOVAL(Specify) 5/31/69 Ft. Lincoln Cemetery Prince Georges County, Md.
5 (4)	24.	FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1768	7	HE SIH, HINES CO. 2901 14th ST. NAV DAILIN 2 1969 Teliarlas Judges

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10	~ 1		07160	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	DYIER
1			., . 1 00		CERTIFICATE OF DEAT		07156
	. 2 .	1.0	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	a nous
	death ond 2 death		Type ar print)	middle	7. 2.1	Month Da	2b. HOUR
	unerol ond		1) uday	or L	nillev	1004 29	1969 12
	in the fer	3. 5	X M	4. RACE	S. DATE OF BIRTH	6. ARE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	S E S		Male	White	3/16/9	8 YRS.	MUNTHS CATS HOURS MIN
	5 5		BIRTHPLAGE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	in ers	can	Jowa	115 A	WIDOWED DIVORCED	manthe	a da a a u
	filled in popers hin 72	10.	CITY OR JOWN OF DEATH	11. NAME OF HOSPITAL O	OR INSTITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	手がなって		Betherda	give street address)	Quella de lless durin	ng mast of warking life, even if retired.)	INDUSTRY Q
	d with	13a	USUAL RESIDENCE (Where decen	sed lived, if institution: Residence be	fare 13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	40 don.
		adn	issian) STATE	186. COUNTY	VINAL TE YES	NOT GLIA BALL	-11.11 N.11
	execution compared to only even	14	FATHER'S NAME First	Middle Lo	LICENTIFIC MAIOTH AND	- 06/2 000	120y 27.11 W
	10 DE = 7	14.	TATTICK S NAME FIIST	Middle	15. MOTHER'S MAIDEN NAI	ME First Middle	Last
		1/	Galle MAR DECEMBER AND MARCHAN	2 Inc	lu En	ma C	anducon
	physicion physicion physicion produces		. WAS DECEÄSED EVER IN U.S. ARI (es, na, ocunknawn) (If yes give i	was as datas of sanual	A A	Address	same as above
	eoth certific ending phys nit. Then p or removal,	-	yes wo		5-3769 Wyle ED	the mille	#13
	en Fig		1B. CAUSE OF DEATH (Enter or	nly ane cause per tipe far (a), (b), and	d (c).)	_ / / /	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	he deoth attendir permit. ian, or re		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) ANC IN	omatasis (0)	Eneralized)	4-month
	atte an,	П	15/9	DUE TO, OR AS A CONSEQUENCE	E OF	()	1
	ot the deoth cer the attending p sit permit. The matian, or remo		Canditians, if any, which gave		mom of The	nach	1 year
	thol an. by rron crem	П	rise to immediate cause (a), stating the underlying cause		E OF	100	
	low requires that the death certificate nding physician. been signed by the attending physicians the burial-transit permit. Then pleasion to burial, crematian, or removal, and		last.	(c)			0
	auri ouri	Н	PART 2. OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
	on but he	-					
4	low bee s # ror	VIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	AS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
01	PHYSICIAN: The low re he hospitol or ottending this certificate has been stached for use os the Dept. of Health prior to the longer of the longer to the longer that the longer to the longer that the longer to the	CERTIFICATION			YES [] NO	CAUSES OF DEATH?	
1	or us	CER	21a. ACCIDENT WAS UNDERLYIP	NG 21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	item 181
3	fice for the factor of the fac	Z	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day	Year	and holder of injury miles i at its 2,	10.7
1	rsici spite certifi ned t. of	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e.	iner) P.M. PLACE OF INJURY (AT HDME, FARM, STRE	ET, FACTORY.) 21f. LOCATION Street or R.F.D.). Na. City ar Tawn	Caunty State
	by the hospital or the thospital or the this certificate the detached for use of the State Dept. of Heal		While Nat while	GFFICE BUILDING, ETC	211. LOCATION SHEET OF K.T.D	. No. City di Tawii	County State
	de de de		at wark at wark	المام الم	Toler	10 27 10 110 4 70 16	69 1 1 1 1 1
	Affel be Sta		saw the deceased a	his hospital) attended the dec	19 and that in (my) (eye)	opinion death occurred or the de	ote and hour and from the
-	ATTENI stained TOR: A should ith the			e, (I) (we) (did) (did not) v/ew	the body after death.	opingon death ocyonied on the di	ore and noor ond from m
	R ATTENE retained RECTOR: A 3 should with the		22b. SIGNATURE	11X2 11 1	1 N	22c.	DATE SURNED
	OR ATTENDING be retained by the NRECTOR: After the 3 should be de		1 Miles	0X1)11.45al	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	5/29/64
	A PE		22d. PHYSICIAN'S	The state of	22e. ADDRESS	0 1 0	7710
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-tron should be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.		NAME (Type) MICI	HELM. HE	ALY 5411 (EDAR LA. BET	H. MA
	UN UN ectc	230	BURIAL, CREMATION, 23b.	DATE 230 NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	Pag Pag dire she		REMOVAL (Specify)	1)169 PM	OK (REEK (IV	4. WASHING	- 100
		24.	FUNERAL DIRECTOR	ADD	RESS 250. REC	CO BY REGISTRAR 2Sb. REGISTRAR'S	S SIGNATURE
	VR A15 (4) 45M - 1/69	J	OS. GAWLEDIS	Sons, SI30WIS.	AVE, WASH. D.C. DATE	1N 5 1969 form	res judges.
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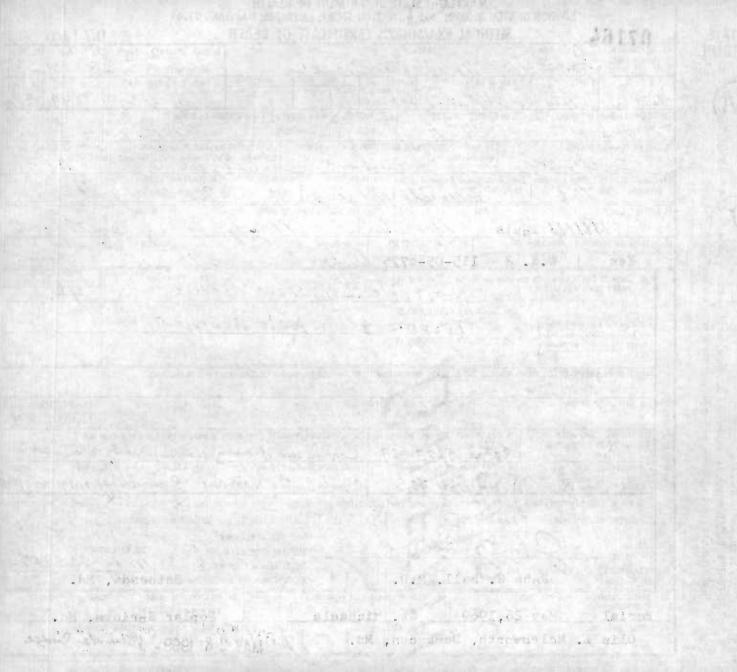




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 7 1 5 9 07163 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type or print) Hughes Louis Moore 5. DATE OF BIRTH
7 October 1916 3. SEX 4. RACE vithin 72 hours ofter IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR Male Negro last birthday) HOURS within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH completely filled in North Carolina USA WIDOWED | DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Bethesda give street offine Clinical Center during mast af warking life, even if retired.) INDUSTRY eose remove corbon ond in ony event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN be rexecuted 13e. STREET AND NUMBER 136. COUNTY Comecticut Stamford 94 Henry Street YES-NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle puo Andrew Moore Mary Jane Evans physicion requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) signed by the attending physi buriol-transit permit. Then pl buriol, cremotion, or removol, 237-09-2488 The Clinical Center, NIH, Bethesda. Md. 20014 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Post-operative pseudomonas BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) pneumonia and mediastinitis 3 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Dissecting aneurysm, thoracic aorta 2 Years rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause (Congestive heart failure 2 Years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s use as the t Atheroscleratic cardio-vasculor disease 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? 28 Apr. 69 Yes Dissecting Aneurysm NO 🗍 director, page 3 should be detached for use should be filed with the State Dept. of Health is YES 🔀 TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 220. I certify that (this haspital) ottended the deceased from 5 March , 1969 , to 3 May , 1969 , that (t) (we) lost sow the deceased olive on 3 May , ond that in (a) (our) opinion death occurred on the date and hour and from the couses stoted obove, (we) (did) (2006) view the body ofter deoth. 22b. SI NATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 3 May 1969 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) ODGERS Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Em 6 25a, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DAMAY 30M REV. 1/68

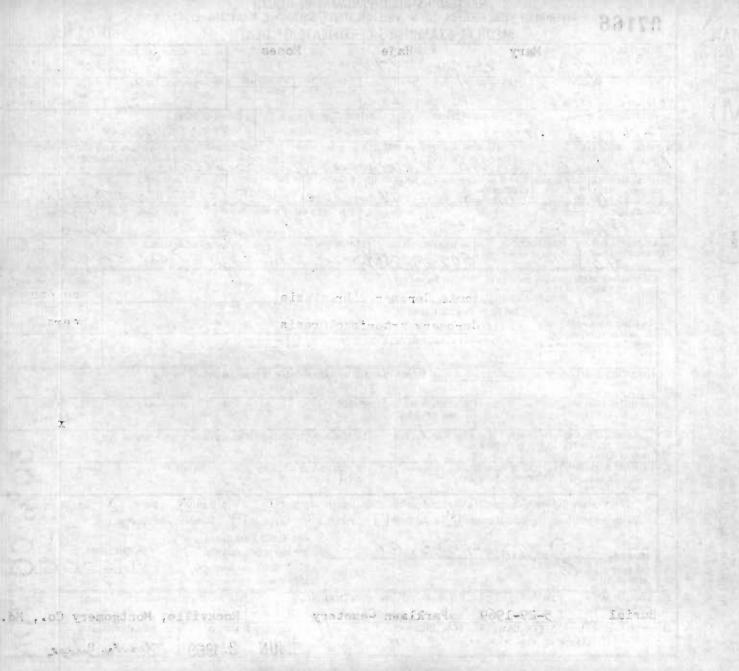
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		William L		

1	1/2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	FOR STATE		07164 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07160
	HEALTH DEPT.	1. D	Type of Print)	Day Yeor 2b. HOUR
	y is 3 to age t of		position Michael Marel DEATH MATED 0	23 189/2 51
	2 and 3 to 3 t	3. S	lost birthday) MONTHS DAYS HOURS MIN. Manth Day	Year 2d. HOUR
	a Val	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	189 20N
	ormo e D	COUR		ery M
	offer deoth 8. Give Poges 1, olong with form with the Stote D leoth.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 12. USUAL OCCUPATION (Kind of work done during no spot warking life, even if retired.)	12b. KIND OF BUSINESS OR
	g w	20	Bethester Duhurhan I kay dich	MUSIKI N/1 H
	24 hours ofter death in Item 18. Give Page r's Office along with as I and with the Storers offer death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmissian) STATE 13b. COUNTY 13b. COUNTY 15c. STREET AND NUMBER 13c. CITY OR TOWN	St.
	hours Office Office Office Office	14. [FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
	24 hours o in Item 18.		Hould Louis Moul Mary Co	ntofant
	hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	amela
	be executed within "pending" in pencil intef Medical Examine ansit permit. File pogewent within 72 hou		(es, no. or unknown) (If yes give wor or dotes of service) 115-05-8775 Wife Mayou Mare	APPROXIMATE INTERVAL
1	should be executed a word "pending" in the Chief Medical E urial-transit permit. Fin any event within		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE INJURIES Severe	BETWEEN ONSET AND DEATH
	be execute "pending" ief Medica nsit permit	F	A DIE TO OB AS A CONSCIUENT OF	7 771,
	be "pe hief hief ansit		Conditions, if any, which gave rise to immediate cause (a), (b) Trzumz. from Auto Accident	
	ould vord he C ial-tr any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
0	she when the total		lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
3	NER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages to the contract of the contract	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
6	writ rwor rwor sed	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	be L	RTIFIC		YES NO X
	cessory, please execute the certificate, writing the forward director. Page 4 should be forward be retained for your files. FUNERAL DIRECTOR: Page 3 should be used solth priar to burial, cremotion, or removal	CAL CE	21a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING BOOK START STAR	em 18.)
	INER: e cert shoul files. 3 shou notion	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City ar Tawn	Caunty State
	L EXAMINER: eacute the certification your files. Rr. Poge 3 should jul, cremotion,		factory office building etc)	MontgomeryM
	bical Examiner: se execute the certification. Page 4 should ned for your files. ECTOR: Page 3 should, cremotion,		22o. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀	and in my apiniar
	EPUTY COICA sssory, please ex funeral director. ay be retained in INERAL DIRECTO		death resulted fram: Noturol causes 🔲 , Accident 🔼 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	
	TY DICA y, please e frol director e retained tal DIRECTO	á.	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE	SIGNED
	ory, ory, be be Pri	8	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER The state of the	-0 1010
	ro DEPUTY necessory, the funero 5 may be 70 FUNERA Health pr		NAME (Type) John G. Ball, M.D. ADDRESS(Street, city, town, or count) Bethesde.	, Md.
	10 the He	230	REMOVAL (Specify)	(Caunty) (State)
		24.	Burial May 26,1969 St. Michaels Poplar Spring FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR 25c. REGI	SIGNATURE
	VR A15ME (5)	-		mes Judge
	TOM KEY. TOOLING	-	I BIAT SO TOPO #	



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18		MARTLAND STATE DEPARTMENT OF HEALTH OPICE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07162
HEALTH DEPT.		ECEASED-NAME Firs Mary Middle Haje Lost Moses 20 DATE KNOWN 52 Month	
is ta	(Type or Print) MARY Have Moses. DEATH MATED 5-	-25 189 6-PM
d 3 d 3 Pa	3. S	last berndery) MONTHS DAYS HOURS MIN	2d. HOUR
2, and 3 ta	-	mule white 2-5-11 58 yrs.	- Year 1969 60 M
- E 0		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1111 65 a n m Divorced Div	
ges n fan		OTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done)	Md. 12b. KIND OF BUSINESS OR
dea we Pa	h	evy chase give street oddress) montgomery Ave during nost of working life, even if retired.)	
haurs after death Item 18. Give Pages Office alang with fa And 2 with the State after death.		USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIDE CITY LIMI	neau Ave
haurs Item 1 Office Jand 2	14. [FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN MAME First Middle	Lost
4 + 1 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Charles Haje Shumus	Sauid.
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages shauld be farwarded to the Chief Medical Examiner's Office along with farfiles. 3 shauld be used as a burial-transit permit. Filebagges Jand 2 with the State ration, ar remaval, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give war or dates of service) [16b. SOCIAL SECURITY NO. 17 INFORMANT [17] -09-858 DEORGE H. HARE 10021 16	enbrook Sulver
in per in per il Exap t. File in 72		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing edicc ermi with	13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Coronary thrombosis	sudden
Juld be executed vard "pending" in the Chief Medical Ed-transit permit. Fany event within		Onditions, if any, which gave) Congressive arteriosclerosis	vears
d bord 'chie Chie	1	rise to immediate cause (o).	yours
shauld be executed the ward "pending" is a the Chief Medical burial-transit permit.		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
This certificate shauld ficate, writing the ward be farwarded ta the Ch d be used as a burial-tra ar remaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rriffic vard vard ed a	NOIL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is ce farv farv e us	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This certificate, writing should be farwar files. 3 should be used ashould be used nation, ar remaval	CAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, I	Item 1B.)
	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
		WHILE NOT WHILE foctory, office building, etc.)	
Par Far ial,		22a. I certify that I taak charge of the remains described above, held an Autapsy 🔼, Inspection 🔼 Inquiry 🕻	and in my apinion
director.		death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE	CICNED
ury, ary, peral be be pri		DIGNATURE TO THE PROPERTY OF T	m 26,1969
necessary, p the funeral 5 may be ra 70 FUNERAL Health prior		NAME (Type) ADDRESS(Street, city, town, ar county)	0
5 5 5 H	230	BURIAL (REMATION, REMOVAL (Specify) Burial 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) RemOVAL (Specify) Burial Rockville. Monte	(County) (State)
Λ.	24	Burial 5-29-1969 Parklawn Cemetery Rockville, Monts	gomery Co., Md.
VR A15ME (5)		NEW MEN WACH D. C. 2004	La Conda

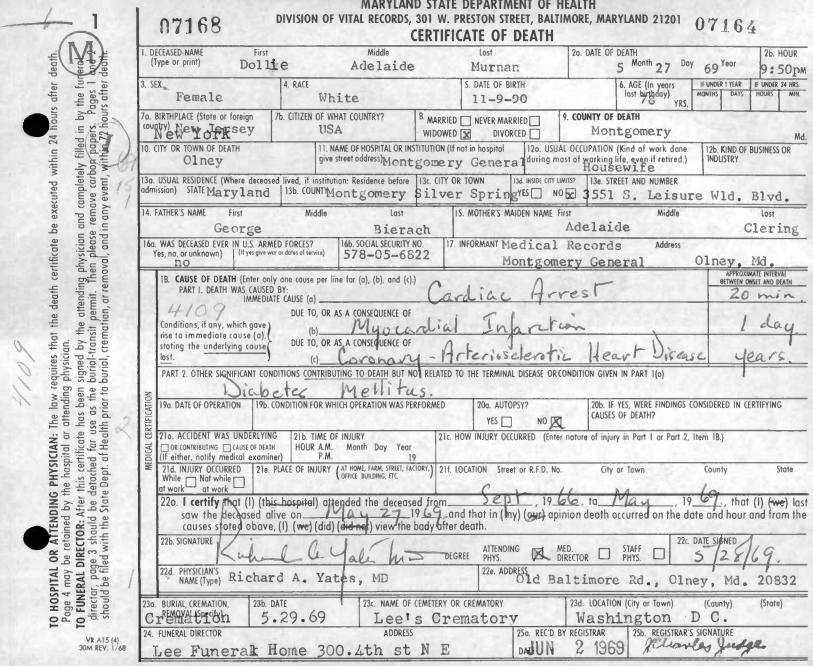


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Day Year (Type or Print) ESTI-OF JOHN WILLIAM MULLENS 169 8:45 May 5 ay is 3 ta Page DEATH MATED [2c. DATE PRONOUNCED DEAD

Month Daviay IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years 2, and PM3. F OAYS 5 Year 69 White 11-18-14 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form country) Montgomery Ala. USA WIDOWED DIVORCED Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) Wash. San. & Hosp. during most of working life, even if retired. INDUSTRY Manager --- Workshop for Blind Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Md. 1136/COUNTY Mont. 3920 Lantern Dr. Wheaton YES NO T ofter 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Ida Bridges B. W. Mullens hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, nazor unknown) Hospital Records (If yes give war or dates of service) APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise to immediate cause (a). ony This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 0 or remaval, 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED the certificate, YES [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection D Inquiry D and in my apinian director. Natural causes Accident Sdicide Hamicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE Health may Belden R. Reap, MD town or county) 23d. LOCATION (City or Town) (County) (Store Darnestown, Montgomery, 50 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 5/5/69 REMOVAL (Spenty) Darnestown 133 Books Pike 24. FUNERAL DIRECTOR 2Sa. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Tyson Wheeler Funeral Home Rockville, Maryland MAY 10M REV. 1/68

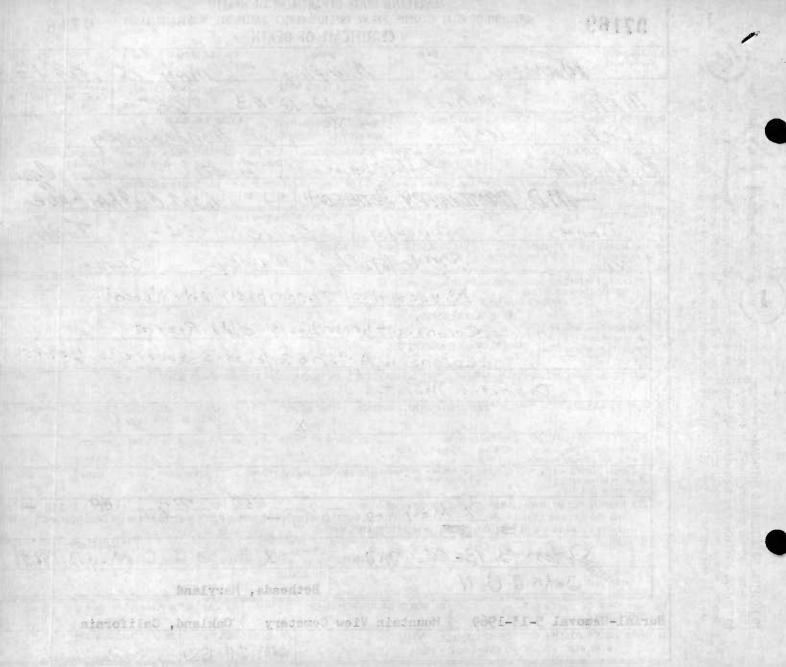
MARYLAND STATE DEPARTMENT OF HEALTH

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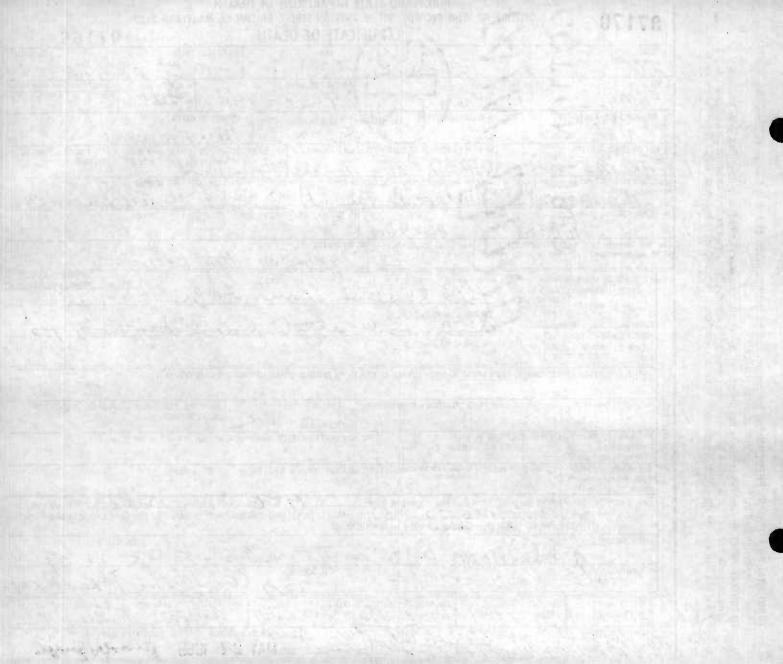


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07169 07165 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type ar print) 3. SEX S. DATE OF BIRTH fertificate be executed within 24 hours after 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 12-12-0 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR remave carban during most of working life, even if retired.) INDUSTR' and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Thrombosis. Old + Recent DUE TO, OR AS A CONSEQUENCE OF (b) Coronary thrombosis old + Recent-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (o), stating the underlying couse Cosonary Anteriosclerosis Sovere -PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diebetes Melitus TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark ot wark 220. I certify that (I) (this haspitol) ottended the deceased fram ________, 19.50, to ________, 19.60, that (I) (we) last saw the deceased alive on _______. 19.69, and that in (my) (our) opinion death accurred an the date and hour and from the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR L 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type) JOHN G. 13011 Bethesda, Maryland 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Mountain View Cemetery Oakland, California 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INC. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 5130 WISC. AVE., N. W. WASH., D. C. 20016 1969 Charles andre

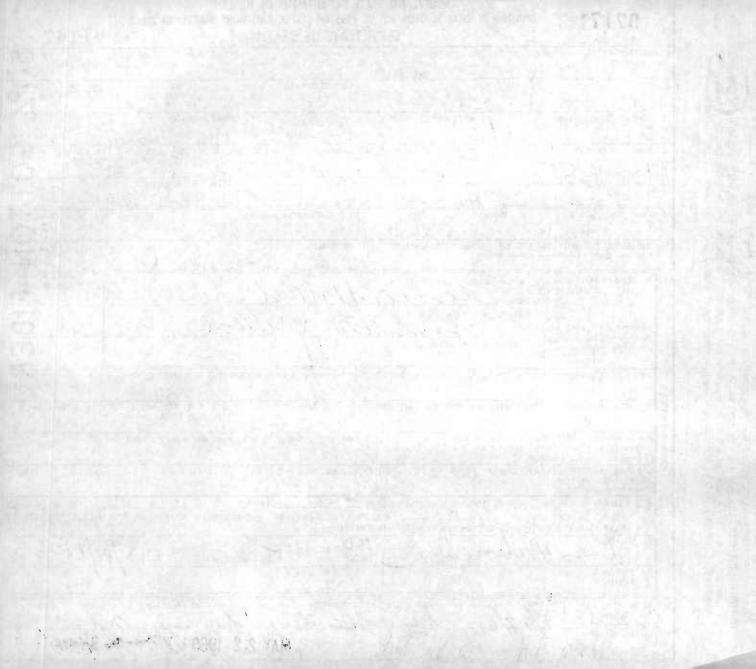


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5		1	07170	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 2120	01
			11.10		CERTIFICATE OF DEAT	H	07166
	4 -24		ECEASED-NAME Firs	† Middle	Lost	20. DATE OF DEATH	2b. HOUR
	er death. funeral 1 and 2 ier death.	(Type or print)	se Elizab	alla Michal	Month	Day Year
	P L P	3. 5		Se Elizab	S. DATE OF BIRTH	11/40/11	S IF UNDER I YEAR IF UNDER 24 HRS.
	haurs after in by the function of the function	1	EMALE	Caucasian	9-10-	94 6. AGT (In year last surthary)	YRS. HOURS MIN.
	and be	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	TK3.
	4 ho		ntprivalif.	71.5.A.	* MARRIED NEVER MARRIED DIVORCED DIVORCED	Montgon	erd Md.
	filled pape	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	ISTITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work of	done 126 KIND OF BUSINESS OR
	d with letely arban nt, wit	1	AKOMA Pa	K give treat address S	an + Hosp 12	g mast af warking life, even if retin	red.) INDUSTRY
	ple car	130.	USUAL RESIDENCE (Where deced	osed lived, if institution: Residence before			
	compliance comply ever	Gui	Marylane	- Ist come	Tak, PK YES IX	NO 8310 G	reenwood Ave
	and c remo	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		
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	the second		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	nly ane cause per line for (a), (b), and (c	1) 1 1/2	1 - 0	BETWEEN ONSE AND DEATH
	dea renc mit ar		IMMED	IATE CAUSE (a) TOPE	many from	more	100
	attend permit. ian, ar re		4124	DUE TO, OR AS A CONSEQUENCE OF	A A C	Λ - Λ	
	the the risit profile		Canditians, if any, which gave rise to immediate couse (a),		such a	apresento	200 3 5mg
1	the an. by trar cre		stoting the underlying cause				
n	aquires that the physician. signed by the burial-transit burial, cremat		last.	(c)			
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	e de	ERT	21a. ACCIDENT WAS UNDERLYI	NG 216. TIME OF INJURY		Enter nature of injury in Part 1 or Pa	+ 0 le 10 l
	landical for He		OR CONTRIBUTING CAUSE OF OE	ATH HOUR A.M. Manth Day Year		ciner nature at injury in Part 1 or Pa	or 2, item 16.)
	SIC spiji sp	MEDICAL	(If either, natify medical exam 21d, INJURY OCCURRED 21e	iner) P.M. P. PLACE OF INJURY (AT HOME, FARM, STREET, F.)	9		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carban papers. Rages I and Sahauld be filed with the State Dept. af Health prior to burial, cremation, ar remover, and in any event, within 72 hours after death		While Not while of work at wark	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	. Na. City or Town	County State
	by the differ of		1990 I contifue that /1\ /tl	his haspital) attended the deceas	ed from (95)	en to Man 22	1969, that (I) (we) last
	Affi d b d b e Si		saw the deceased	alive an 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	196), and that in (my) (our)	apinian death accurred an th	ie date and haur and fram the
	OR: OR:		causes stated abov	e, (I) (we) (did) (di d not) view the	bady after death.		
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE	P'	ATTENDING 🖂	MED. STAFF	22c. DATE SIGNED
	DIRE DIRE		A 9)	entro on	D. DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	5-72-69
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After to director, page 3 shauld be de Should be filed with the State		22d. PHYSICIAN'S NAME (Type)	WHITLOCK	22e. ADDRESS	, Canallan	Taxaro Baxaro.
	UNE 4	230	BURIAL, CREMATION, 23b.	DATE 236 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	
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-					CERTIFICATE OF DEATH		07167
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	李 ~ 577	T	Koma Pork	Washington	Son & Harat during	mast of working life, even if retired.)	INDUSTRY
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	equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, cremation, ar removal, and it		WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY		Address	Takoma Port
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	de de n', o		7804	DUE TO, OR AS A CONSEQUENCE OF		-/	
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	at the the risit p matric		rise ta immediate cause (o),	(b)	acia, fou	W	
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1	The se t	CERTIFICATION			YES NO [CAUSES OF DEATH?	
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	OR ATTENDING PHYSICIAN: The low re peretained by the haspital or ottending INECTOR. After this certificate has been a should be detached for use os the ed with the State Dept. of Health prior to	MEDICAL	(If either, natify medical examinated 21d. INJURY OCCURRED 21e.	ner) P.M.			
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	the the det		at wark — at wark —				
	N Y Ter		22o. I certify that (I) (thi	is haspital) attended the deceas	ed from 5-5, 19.	69 , ta 5-14 , 19	69, that (I) (we) last
	d A d L		saw the deceased of	live on May 14	969_, and that in (my) (our) o	pinion death accurred an the do	ate and have and from the
	ATTENI etained CTOR: A should ith the		causes stated obave	(I) (we) (did) (did not) view the	bady after deoth.		
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	AR		PUNERAL DIRECTOR	ADDRESS	250 REC'D	BY REGISTRAR 256 PECISTRAP'S	SIGNATURE
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	he deoth ce attending permit. The		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		ouse per line f	or (o), (b), and (c).		-	/		BETWEEN O	NSET AND DEATH
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	vospitol or certificate thed for until ot. af Heol		21a. ACCIDENT WAS UNDER		Ib. TIME OF IN IOUR A.M. A	JURY Month Day Year	21c. HO	W INJURY OCC	CURRED (Enter notu	re of injury in Port 1 or Port	2, Item 1B.)	
	Sicilian spite ertification of a spite ertification of	MEDICAL	(If either, natify medical ex	ominer)	P.M.	19	TORY 1 O15 104	CATION CA	4 DED N-	Ch T-	Country	State
	PH the ph this eta Dep	-	21d. INJURY OCCURRED While Nat while at work of work	21e. PLACE U	OF INJURY (OF	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	211. LO	CATION Stree	et or K.r.D. No.	City ar Town	Caunty	State
	ENDING ned by th R: After t uld be d the State		22a. I certify that (I)	(this hasp	oital) attend	led the deceose	ed from	nuy x	1969	, to May 23, 1	9 <u>69</u> , that	(I) (we) last
	END eed A: A: A the S		sow the decease	d olive or	1 5 -	deet view the	969., and	l that4n (m leath	iy) (our) apinian	death occurred on the	date ond hour	and from the
	ATT ATT etain CTO Shot shot		22b. SIGNATURE	9 .	/	d Mor) VIEW IIIC) I	7	dien	22	c. DATE SIGNED	
	OR DE LE Se d w ed w	(Trede	ueh	mo	omas	MORGAN	ATTENDIN PHYS.	NG MED.	OR STAFF	5-23	; -67
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the State		22d. PHYSICIAN'S NAME (Type)	troboni	ck Moo	mau. M. 1		22e. ADD	oress ndv Sprin	g. Md.		
	OSP JNEI Ctor uld	230		3b. DATE	CK POO	23c. NAME OF	CEMETERY OF			LOCATION (City or Town)	(County)	(Stote)
	Page of shoot	250	KEWO ANT SEE (JA)		/1969		an Cha		200	. Louisian (any or rown)	Carrol	24.2
	VRAISCE	24.	FUNERAL DIRECTOR			ADDRESS		*	2So. RECID BY REG	STRAPOCO 25b. BIGISTRA	S S SIGNATURLAR	العاف
	30M REW 1 68	C	. M. Waltz.	Box	241.	Sykesvi	lle. I	Md.	DATE	C land 3	6	6

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07170 CERTIFICATE OF DEATH DECEASED-NAME First Middle death. Lost 2n DATE OF DEATH 24 hours after death. 2b. HOUR and (Type or print) LAWRENCE Month 5 Day 3/ Yeor 69 ADOLPH ORTQUIST 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years SE LINDER 1 YEAR IF UNDER 24 HRS. Male last birthday) DAYS 2-2-07 (7 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MICHIGAN campletely filled in remave carban papers. n any event, within 72 h US.A WIDOWED [7] DIVORCED [MONTGOMERY burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast af warking life, even if retired.) INDUSTRY TAKOMA WASHINGTON - SAN. + HOSPITA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? executed admission) STATE M > 136. COUNTY MONTEOMERY WHEATON YES NO 12031 BLUHILL RE 14. FATHER'S NAME First Middle ond Lost 15. MOTHER'S MAIDEN NAME First Middle AMIL ORTQUIST LUNDSTROM requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or, unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar tab FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES Y 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of h If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark directar, page 3 shauld be de shauld be filed with the State 22a. I certify that (I) (this hospital) attended the deceased from Line 23, 1967, to may sow the deceased alive on 19 and that in (my) (aur) opinion death accurred And that in (my) (aur) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR MODEGREE PHYS. 22e. ADDRESS NAME (Type) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn). (County) (State) REMOVAL (Specify) 0 PARKLAWN 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 45M - 1/69

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN 2b. HOUR Year (Type or Print) ESTI-LAWRENCE deloy is and 3 to Poge BRUCE OSTERMAN DEATH MATED 19 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD pup PM3 Jast birthday) Male White 11/28/1964 Day 12 Depart YRS n 2 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH country) Wash., Office olong with form Montgomery U. S. DIVORCED [WIDOWED [Stote Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Silver Spring with the Cross Hosp. 24 hours ofter 13d. INSIDE CITY LIMITS? deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY in Item 18. YES NO 1607 Peacock Lane ohd 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Osterman Eva Horovitz Leonard 4 should be forwarded to the Chief Medical Exominer's hours pages Sil. Spring, pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** executed within (Yes, na, ar unknown) (If yes give war or dates of service) Leonard Osterman 1607 Peacock Lane File 72 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (o event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditions, if any, which gave pe rise to immediate cause (a). in ony This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 removal, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, 3 should be 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING buriol, cremation, 21d. INJURY OCCURRED LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, farm, street, County State factory, office building, etc.) FUNERAL DIRECTOR: Page Page AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Inquiry my opinion the funerol director. death resulted from Undefermined manner Natural causes Recident Suicide Homicide prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth Mov EXAMINER'S. NAME (Type of cemeter or cremajory King David 50 23c. NAME **BURIAL CREMATION** 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Falls 13, 1969 Church, Va. Memorial Buria 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bernard Danzansky VR A15ME (5) 3501 14th St., N.W., Washington, D.C 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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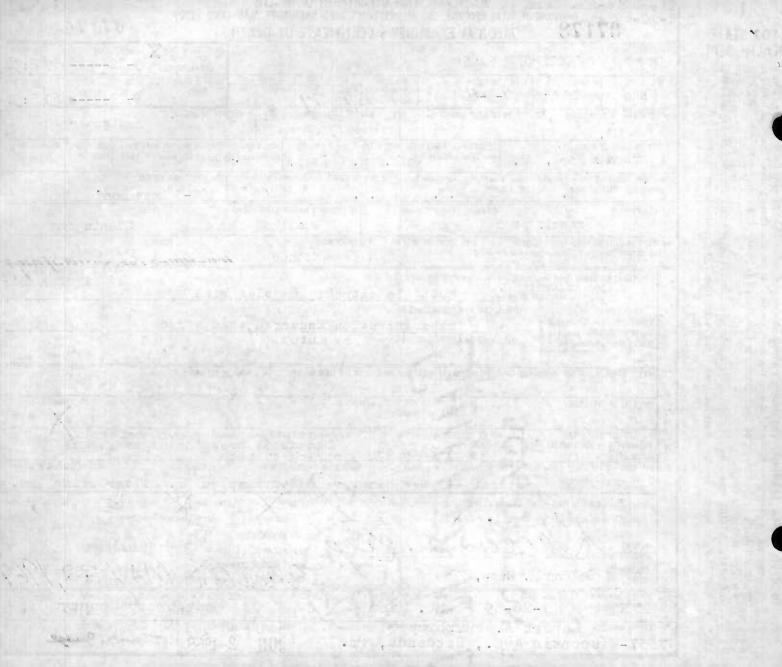
01	tems 18-21 Film 413 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7172
HEALTH DEPT.	1. DECEASED-NAME First Middle Last , 2a. DATE KNOWN Manth Date	y Year 2b. HOUR
s 0 % 2	(Type or Print) Reymond DuPgy Ottey DEATH MATED \$ 5.2	0 1969 5 45
deloy	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years of under 1 year of under 24 Hrs. 2c. DATE PRONOUNCED DEAD Months Days Hours Min Month Day	Year 28 655
25	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	Year 1969 5 5 M
7 5 9	country) Wash., D.C. USA WIDOWED DIVORCED MONTH OF DEATH	M
eath to the state of the state	10 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OF INSTITUTION (If not in baseled 120 USUAL OCCUPATION (Kind of world down 12)	. KIND OF BUSINESS OR
frer d Give ang v ith th	Rockville give street address) Twin breck. Pky during most of working life, even if retired.) IND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c INSIDE CITY UMITS? 13e. STREET AND NUMBER	
S de w	admission) STATE Md. 13b. COUNTY Montgomery Rock Mille YES \$\ NO 12 12 1811 win 6	rock.Pky
24 haurs in Item r's Office es land 2 rs after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First (12811) Middle Ottev	last
24 r's (d Toma Me	addy
hin 24 ncil in niner's pages hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, agustanawn) (If yes give war or dates of service) 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS	
wit in pe Exan File n 72	1013-30-107 Raye M. Ottey (Above address	APPROXIMATE INTERVAL
ould be executed vord "pending" in the Chief Medical Eal-transit permit. Fany event within	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Phytylyg Barbiturate poisoning	BETWEEN ONSET AND CEATH
Med Med per per	9500 DUE TO, OR AS A CONSEQUENCE OF	1% hr.
pe e "per iief insit ever	(anditions, if any, which gave)	
uld ord e Ch al-tro	rise to immediate cause (a). stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
te shauld be executed the ward "pending" i d to the Chief Medical a burial-transit permit. Ind in any event withir	lost. (c)	51110-15,4
0 % e g	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
this certificate, writing ate, writing the farward be used a be used a r remaval,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	20. AUTOPSY?
is control for the control for	WAS PERFORMED?	YES 29 NO
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INER: Te certifice should be files. 3 should a should intien, or	S CAUSE OF DEATH	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 120811 Twinbrook Pky. Rockville	aunty State Montg.Md.
H > 0, 4	220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼 Inquiry 🔀	ond in my opinion
ICAL I	deoth resulted from: Notural couses, Accident, Suicide Z, Hamicide, Undetermined monner	
y, pleas ral direction of retain	ACTUAL O D CO B O CHIEF MEDICAL EXAMINER CON DAYS (1905)	
TY, pario	SIGNATURE	21,1969
o DEPUTY CALL THE CAL	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	21/1/01
ro DEPUTY necessary, the funera 5 may be 70 FUNERA	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Col	unty) (State)
	REMOVAL (Specify) Burial 5/23/69 Ft. Lincoln Cem Co lmar Manor	Md .
M	24. FUNERAL DIRECTOR Nalley's Funeral HORES Mt. Rainies Rec'd by REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
VR A15ME (5) 10M REV. 1/68	Inc. Maryland MAY 26 1969 Charles	Judge

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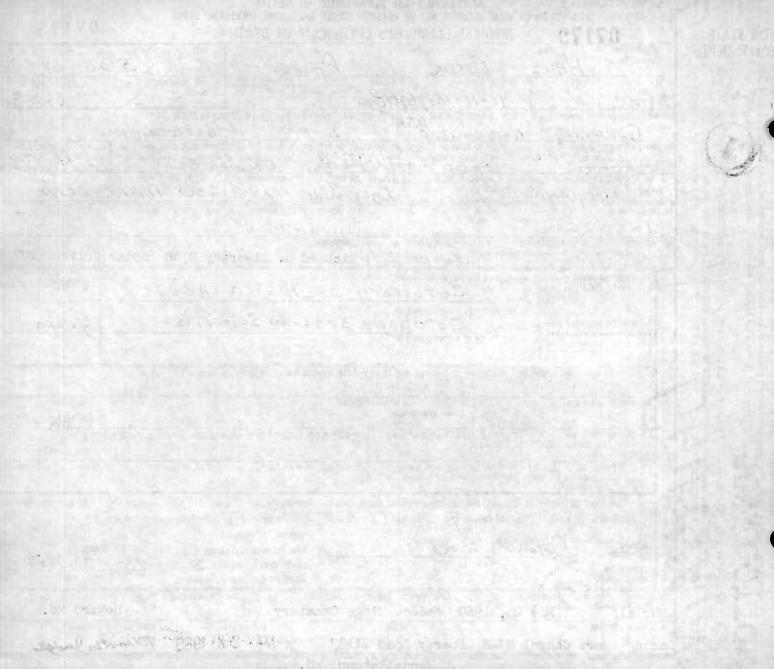
	MARTLAND STATE DEPARTMENT OF HEALTH	
		173
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Dast / 2a. DATE KNOWN Month [Type or Print] OF ESTI-	Day Year 2b. HOUR
ay is 3 ta Page ent af	(Type or Print) TIEORGE David VERHOLTZER DEATH MATED 5-	11 169 4P.M
	4. RACE + 9. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR A UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS OAYS HOORS MIN MONTHS DAYS HOORS MIN	2d. HOUR
y del	Marith 5 Day 1/	Year 1669 47 M
2 4 1 3/1/10	70. BIRTHPLACE/State or foreign 76. CITIZEN OF WHAT COUNTRY 8. MARRIED NEVER MARRIED 9. POUNTY OF DEATH	
Pages 1, vith farm-	(country) TA. (I.S. H. WIDOWED DIVORCED	2/1_ Mc
death with 1	11. NAME OF HOSPITAL OR INSTITUTION (Ifrnot in hospital 120. USUAL OCCUPATION (Kind of wark dane 11	2b. MND OF BUSINESS OR
70 > = //	DETTERUL MITTURDU DETROPER	NDU S TRY
after along with the death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence, before 3c., CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1 1
2 with death	admission) STATE M. 13b. COUNTY MONT. Kensinglan YES 10 NO 1/209 day	nay Cl.
Hem. 18 Office Office office office	14. FATHER'S NAME First Middle Ost IS. MOTHER'S MAIDEN NAME First Middle) / Lost
r's C	Me Luin (Nerholize Mary Nec)	rlee
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO) 17. INFORMANT ADDRESS SILVE	er Springs Md.
hauld be executed within 24 word "pending" in pencil ing the Chief Medical Examiner's urial-transit permit. File pages in any event within 72 haurs	(Yes, polar unknown) (11 yes give wor of dotter at spring) 214-16-7225 Mrs. George Overholtzer. 11704 Ic	dlwood Rd.
A Fill Fill	18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
be executed "pending" in nief Medical E posit permit. Fevent within	Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Pulmonary Eduma.	2 An.
Meindir Menndir Menndir	485 X DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe nief ansit	Conditions, if ony, which gove) Brancho Preumonia. Confloant.	4ding.
vard vard ne Ch al-tro any	rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	/
e should be executed the word "pending" is to the Chief Medical b burial-transit permit.	last. (r)	
and and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	Chronic Alcoholism	
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INER: 1 e certific shauld b files. 3 shauld iatian, o	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City at Tawn	Caunty State
EXAMINER: ute the certifage 4 shauld age 4 shauld your files. Page 3 shauld it crematian, I, crematian, I, crematian,	WHILE NOT WHILE factory, office building, etc.)	
L EXA ecute Page or you R: Pog	220. I certify that I took charge of the remains described above, held on Autopsy 📉 Inspection 🔀, Inquiry 🔀	ond in my opinion
ICAL tor. Peed for CTOR:	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	7
please er director director retained DIRECTOR ar ta bur	CHIEF MEDICAL EXAMINER	C. C. Mary D. C. M.
Y, ple eral di	ACTUAL O & B CB C	GNED
Ssary, funeral ay be any be an	DEDITY MEDICAL EVANIAGE AND A A . //	12,1969
TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	*
o D D The S m S M Head	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((Caunty) (State)
	REMQVAL (Specify)	
	24 FUNERAL DIRECTOR 2 ADDRESS 125g REC'D BY REGISTRAR 25b REGISTRAR'S SI	GNATURE
VR A15ME (5)	Clarence & Wilson Emmitsburg, Md. DATE MAY 15 1969 (Clarence & Wilson Emmitsburg, Md.	Dy Younges
TOM REV. I YOU THE	Ligrance E. Wilson	

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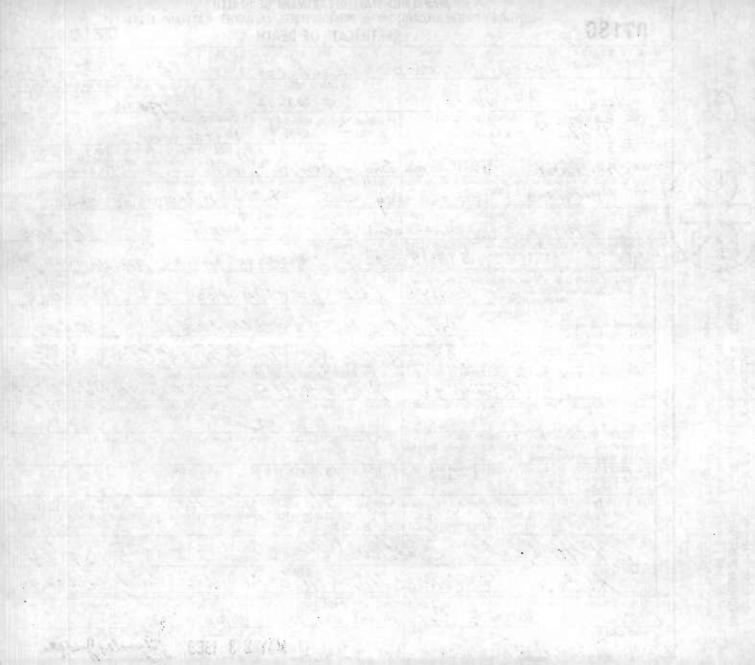
1/ 1	Items 18-22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH 6-12-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	17178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	74
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI- DEATH MATED 5-22-	Yeor 2b. HOUR1969 8:5M
P 33 4	3. SEX Male 4. RACE S. DATE OF BIRTH Gost Agrindory) 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Days Hours Min. Month Day 222	2d. HOUR
	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Montgor	n
deoth.	1301.	KIND OF BUSINESS OR STRY
s ofer deoth the Give Poge tolong with 2 with the Star	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b COUNTY P.G. S.S. YES NO 100-C Ames Road.	
thours of them 18. Office old with the office office office offer dea	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost .ngh.am
ris es	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, prunknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mother Inn—Amrs RAS	her Shame
This certificate should be executed within cote, writing the word "pending" in pencil be forwarded to the Chief Medical Exomine I be used os a burial-tronsit permit. File pagor removal, and in ony event within 72 hou	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple extreme injuries with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. F event within	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Page 10, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Page 20, OR AS A CONSEQUENCE OF	
should be en word "per or the Chief I burial-tronsit I in ony ever	rise to immediate couse (o), stoting the underlying couse last.	
is certificate should e, writing the word forwarded to the Ct e used os a burial-trc emoval, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certific ficate, writing be forward of the used or removal,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18	20. AUTOPSY? YES NO
£ 0	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 8 HOUR SALE P.M. 5-22 19 69 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18 Deceased, crossing highway, Struck by auto 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town)	was
a file N	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, at work at w	oring Md.
ICAL EXAMINER: e execute the certifor. Poge 4 should be for your files. CTOR: Page 3 should burial, cremation,		ond in my opinion
please directering birth or to	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CHIEF	ED
ro DEPUTY CALL EXAM necessary, please execute the funeral director. Poge 4 5 may be retained for yoge TO FUNERAL DIRECTOR: Page Health prior to burial, crem	SIGNATURE EXAMINER'S NAME (Type) Belden R. Reap, MD ADDRESS (Signal by Journey) A Company of the state of	22,1969
TO DEP necess the fur 5 may 10 FUNE Health	230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Cou-	nty) (Stote)
VR A15ME-(5)	24. FUNERAL DIRECTOR Robert A. Pumphreyporess 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNA 7557-Wisconsin Ave., Bethesda, Md. DANIA 2 1969 William 2 1	4.5
10M REV. 1/68	7557-Wisconsin Ave., Bethesda, Md. ONUN 2 1969 William	



. / 1		MARYLAND STATE DEPARTMENT OF HEALTH 5/29/69 kkDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	13	07179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07175
HEALTH DEPT.	1 D		Day Yeor 2b. HOUR
ncalin veri.		Tune or Print) :	20 1969 5 BM
- + O	3. S		2d. HOUR
delay		101 - 11 - 11 - 1899 69 69 69 78 RS. MONTHS DAYS HOURS MIN MONTH 5 Day	Year 1969 5-38M
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1707 - 21111
- 5		(SERMANU NATURALIZED WIDOWED DIVORCED MONTGOMERY	/ Md.
= 3 = 1 =	10.5	CHY OR TOWNDOS DEATH 11. NAME OF HOSPITAL OR HISTITUTION (If, not in hospital 12g. USUAL OCCUPATION (Kind of work done 1	2b. KIND OF BUSINESS OR
9 4 6	K	give street oddress) July 1822: during most of working life even if retired.)	NDUSTRY PESCHELLS
ffer Goiv Th.		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
s after 18. Girls along a along death.	0	Admission) MARYLAND (3b. COUNTY BACTIMORE YES NO 1 2308 POPLAR	DRIVE
thaurs Office Office after d		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h 10 s o 10 s lc		UNKNOWN	
thin 24 nicil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes, no, or unknown) (If yes give wor or dotes of service) 1.5 cm 1.7 (INFORMANT) 1.7 (INFORM	D4 03 000
d within in pencil Examine File page	-	Yes, no, ar unknown) (If yes give war or dates of service) 186-10-78-4 Richard M. Elworthy 2308 Poplar	
shauld be executed with shauld be executed with word "pending" in period the Chief Medical Examurial-transit permit. File in any event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted nding" ir Medical permit.		PART I. DEATH WAS CAUSED BY: Coronary Occlusion Beute-	•.
ex end f Me it p		Conditions, if any, which gave (b) COPORDIY AFTERIO Sclerosis -	160000
Tans		(conditions, if any, which gave rise to immediate cause (a), (b) COPONDIY AFTERIO SCIETOSIS	years
shauld be e ne word "per to the Chief I burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh sh to t		(c)	
LCAL EXAMINER: This certificate shauld be executed within 24 haurs after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Paginar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along the for your files. CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with be was burial, crematian, ar remayal, and in any event within 72 haurs after death.	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi writi arwar used maval	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is control fall	TIFE	WAS PERFORMED?	YES NO
# 7 8 .	L CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Itel	m 18.)
INER: he cert shaul files. 3 shau	EDICA	CAUSE OF DEATH P.M. 19	
	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Town	County State
DEPUTY DICAL EXAMINER: cessary, please execute the cert et funeral director. Page 4 shault may be retained far your files. FUNERAL DIRECTOR: Page 3 shaudth prijar to burial, crematian,		WHILE AT WORK AT WORK AT WORK	
AL E		22a. I certify that I taok charge of the remains described above, held on Autopsy 🔀, Inspection 💢, Inquiry 💢	, ond in my opinion
olease e directar etained DIRECT	0	deoth resulted from: Noturol couses 🔯, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [
y, please rad directions: AL DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (L. 22b. DATE S	CALED
JIY DICA		SIGNATURE	1 1 1 1969
D DEPUTY necessary, the funeral may be n FUNERAL	13	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	230	A STATE OF THE STA	(County) (State)
1	B		ward Md.
()R		FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
VR A15ME (5)	Lo	ring Byers Chapel 8728 Liberty Road 21133 DATMAY 2 3 1969 VCLICAN	las Judge.
	hann	Randallstown, Md.	



			D STATE DEPARTMENT OF F		
-	07100		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	7 90 s sou
	07180		CERTIFICATE OF DEATH		7176
£ _ 2 £	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
death. neral and 2 death.	(Type ar print)	PRRY PETE	R PALEOLOGOS	Month Day	Year 9:35 M
er death funeral 1 and er death	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
and the safe	MALE	WHITE	2-23.92	last birthday)	MONTHS DAYS HOURS MIN
haurs hours hours	70. BIRTHPLACE (State or foreign	Vb. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH YRS.	
han band	country) ~ Garagy		8. MARRIED NEVER MARRIED		
bed by	EUROPE	AMERICAN	WIDOWED DIVORCED	MONTGO MERY,	Md.
equires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and completely filled is by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or remayal, and in any event, within 72 hours after death	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	SAN. & HOSP, during my	AL OCCUPATION (Kind of work done of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
with the state of	TAKOMA PARY	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER	
mple co	admission) STATE MARYLAN	13b. COUNTY MON TGO ME	VECST NE		PRING DR
xeci may	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
and rem	PETE	01		MARIA	BABBIS
ian ian ase	160. WAS DECEASED EVER IN U.S. ARM			Address	NATIONS
ertificate be physician c nen please iaval, and i	Yes, no of unknown) (If yes give w	or or dates of service) 579-18-		_	NO PANK MID
ph nen nav	100			THE OF THE	APPROXIMATE INTERVAL
ne death cer attending p permit. The	PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c). BY:	(01/10 211)	= NEAR - LAUN	BETWEEN ONSET AND DEATH
he death attendir permit. ian, or re	1MMEDIA	TE CAUSE (a)	CON 0-651100	TEAN FAILUX	G HOURS.
aff per ian,	4/20	DUE TO, OR AS A CONSEQUENCE OF	1. 1/0 /1/-	1101110	
the the sit p	Conditions, if any, which gove rise to immediate cause (a),	(b) 13/201	UCHOINEUR	YOUK	PAS.
by an.	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		11-1- 05.	4
a - a - a - a - a - a - a - a - a - a -	last,	(c) ARTEI	RIOSCIEDITIC	HEART VIXERSE	FYRS.
The law requires that the attending physican. has been signed by the se as the burial-transit the prior to burial, cremat	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	201111
2000	2	EREBRAC	AKTERIO SE	EROSIS H	DUANCED
lav end be be be t st riar	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The law a attending has been se as the th priar ta	19a. DATE OF OPERATION 19b. (19b. 19b. 19b. 19b. 19b. 19b. 19b. 19b.		YES NO NO	CAUSES OF DEATH?	
ar are			21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, It	em 18.)
E E E E E E E E E E E E E E E E E E E	G CONTRIBUTING CAUSE OF DEAT				
asp asp	21d. INJURY DCCURRED 21e.		TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
OR ATTENDING PHYSICIAN: The law be retained by the haspital or aftending INECTOR: After this certificate has been a should be detached for use as the ded with the State Dept. of Health priart	While Nat while at work	OFFICE BUILDING, ETC.			
NG V th		s hospital) oftended, the decease	ed from 5/8/00 19/	6 to HAY 20 19	69, that (I) (we) lost
Aft Person	saw the deceased a	ive on 4 4 20 1	9 69, and that in (my) (our) opi	nion deoth occurred on the dot	e ond hour ond from the
SR: and and a state of the stat	couses stated abave	, (I) (we) (did) (did nat) view the	body after deoth.		
Sit	22b. SIGNATURE	11119	Mayor MATTENDING IN	22c. D	DATE SIGNED
OR ATTENE OR ATTENE be retained DIRECTOR: A pe 3 should ed with the	1 / Meses	17- ANO		NED. STAFF STAFF	121/69
AL Dog Fille	22d. CHYSICIAN'S	2 11 6201	22e. ADDRESS	00/11/2 1-1	
ERA d be	NAME (TOPE) BEN	1 17. CROLL	MAN 1106 5	1KING 41.1	SICUER SIFIE
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral or TO FUNERAL DIRECTOR. After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt	23a. BURIAL, CREMATION, 23b. I	DATE 23c NAME OF	CEMETERY DR CREMATORY	23d./LDCATIDN (City or Town)	(Caunty) (State)
5 0 0 in in it	Brimoval (Specify) 23	MAY 1969 GLENI	NOOD CEMETERY	WASHINGTON DO	
	24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B		SIGNATURE
VR A15 (4) 45M - 1/69	KINALDI TUUERAL H	BASE AC. THOS COA. HUE.	VW 1 20012 DAMAY	2 3 1969 Kliant	by fredales
	100000000000000000000000000000000000000		The second secon		



*	1		0.004	DIVISION	N OF VITAL RECORDS,			REET. BALTIMOF		YLAND 21201		
X		K	07181				ATE OF				07177	
. 4	£ 24		ECEASED-NAME First	BIZ	Middle	37 345	Last	2a.	DATE OF	DEATH		2b. HOUR
12	death death	(Type or print) Ray	mond	Clay		Parker	,	2	Month 21 Day	D 9 Yeor	10A . M
	afrer age of the state of the s	3. SI	X	4. RACE		- 1477	S. DATE OF B	IRTH		6. AGE (In years		UNDER 24 HRS.
-			Male	-	Negro		March	?, 1893		lost birthday) 76 YRS.	MONTHS DAYS	HOURS MIN
	haurs rs. Pa		BIRTHPLACE (Stote or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MAI	RRIED 9. CO	UNTY OF	DEATH		
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	filled filled filled filled filled		CITY OR TOWN OF DEATH	74.1	11. NAME OF HOSPITAL OR IN	STITUTION (If n	at in haspital			(Kind af work done	12b. KIND OF BU	SINESS OR
	With with	U	Uheaton		give street address) University (Vursino	Home	Janit		ife, even if retired.)	INDUSTRY	
	e executed with	13a.	USUAL RESIDENCE (Where deceas	ed lived/if i	nstitutian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STR	EET AND NUMBER		
	ami ami	duili	D.C.	130/ 000	JNIT	Washi	ngton	YES NO	471	9 Foote St	., N.E.	
	and cremin any	14. 1	FATHER'S NAME First	Mic	ddle Last		. MOTHER'S M	AIDEN NAME First		Middle		Last
	be n all		Sandy		Parke			Ur	nknow			
	cate sicia slea alea , an	16o.	WAS DECEASED EVER IN U.S. ARM 'es, na, ar unknawn') (If yes give w	ED FORCES? ar or dates of sen	vice)	-	DFORMANT	0000	1	Address	11/	18
	phy en en aval		No	-	197-07-6	1 00	Ellen	1. Jane	44	119 7000	1-21/	21
	The The		1B. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	y one couse	per line for (a), (b) and (c)	Mula	160/	87.7	2		APPROXIMAT BETWEEN ONSE	T AND DEATH
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled e 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers of the state Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 burial than the state Dept.		IMMEDIA	TE CAUSE (a)	HIELECE V	ugne	eldiu	Miguelli			nu	300
			4100	DUE TO	O, OR AS A CONSEQUENCE OF	(1)	11				1 200	1
	that than the by the ransit premation		Conditians, if any, which gave) rise ta immediate cause (a),	(b	My Cordie	el sins	reffece	rieg			6 MM	d65-
	equires that the physician. Signed by the burial-transit burial, cremat		stating the underlying cause	DUE TO	OR AS A CONSEQUENCE OF	Earl L.	2001	156-17	mi		150	
1	equires physicic signed burial-t burial,		PART 2 THER SIGNIFICANT COM	(I	C) ATTA SEAFCH O	OT DELATED TO	THE TEDMINA	DIVACE ODCONE	ION CIVEN	IN DADT 1/.\	1. 1.	
W	phy g phy sig bu t phy	10	PART ZOTHER SIGNIFICANT CON	DITIONS CON	VIKIBUTING TO DEATH BUT N	IOI KELATED TO	THE TERMINA	UZ 125	IUN GIVEN	IN PART I(a)		
10	aw dinding seer the ar to	NOI	19a. DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION WAS PE	PEOPMED	20o. AUTO		20h IF	YES, WERE FINDINGS CO	NSIDERED IN CERT	TEYING
N	international designation of the last second designation of th	CERTIFICATION	TAG. DATE OF OTERATION	COMPINION	OR WHICH OF ERAHON TRASTE	.KI OKMED	YES			OF DEATH?	MISIDERED IN CERT	ii i iiio
	ar of the house	CERT	21a. ACCIDENT WAS UNDERLYIN	G 21b. T	IME OF INJURY	21c. H	_	,	re of injur	y in Port 1 ar Part 2, I	tem 181	
	tal fica far far f He	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR	A.M. Manth Day Year			(2.110) 11410	io ar injor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	YSIC aspi cert hed hed	MED	(If either, notify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF IN		9 CTORY.) 21f. LC	OCATION Street	et ar R.F.D. No.	City	ar Tawn	County	State
	ibinG PHYSICIAN: The law req d by the haspital ar attending pl After this certificate has been sid d be detached far use as the bu e State Dept. af Health priar ta bu		While Not while at wark of wark		OFFICE BUILDING, ETC.	1	-1	1 /		1	1	
	NG ter le de de de tate	3.1	22a. I certify that (4) 17h	s hospital) attended the deceas	ed from_	11	, 19	, to_	/2/	, that (l) (we) last
	NDI ed be ld b	1	sow the deceased a	ivé an		an an	d thot in (m	ny) (aur) apinion	death	ccurred on the day	and haur ar	d fram the
	aine dans din	10	22b. SIGNATURE	, (I) (we)	(did) (did not) view the	body after	death.			1 00 0	art clours	
	R A REC 3 sl with		22b. SIGNATURE	10 0		DEGF	ATTENDI	NG MED.	. П	STAFF -	I 1 69	
	ol o		22d. PHYSICIAN'S	80	and	DEGR	PHYS.	DIRECTO)R L	PHYS.	11/00	
	md) RAI		NAME (Type)	Cm	PATUQUES		126.78	DI 4.	1 40	N.W. 6	1) # SG/W	T.
	O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hast S FUNERAL DIRECTOR: After this cal directar, page 3 shauld be detache shauld be filed with the State Dept.	23a	BURIAL, CREMATION, 23b. 1		23c. NAME OF	CEMETERY OR	CREMATORY	23d	LOCATIO	N (City or Town)	(Caunty)	(State)
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	- CK	24.	FUNERAL DIRECTOR, Zi	· 1V	who & ADDRESS	-		2Sa. REC'D BY REG		2Sb. REGISTRAR'S	SIGNATURE	
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death. neral and 2 death.		(pe or print)			,	τ	arker,	Two		Month May	Poy	1969	10:35
er death	3. SE		ammie	RACE	(none)	1	5. DATE OF BI		-	6. AGE (In year		IF UNOER I YEAR	IF UNOER 24 HRS.
at a table	J. J.								228	last birthdoy	YRS. M	ONTHS DAYS	HOURS MIN.
ST YOU	70 B	Male IRTHPLACE (Stote or foreign	7h	CITIZEN OF WHA	egro COUNTRY?	8		uary l	9. COUNTY 0	F DEATH	FK3.		
व दे दे	caun	try)			COOMICE	WIDOWED	NEVER MAR	SCED [7. COOM11 O				11.4
24 Day appear	INC	rth Carolina	3.	USA	E OF HOSPITAL OR IN				L OCCUPATIO	Montgor N (Kind of work	dane	12b. KIND OF E	BLISINESS OR
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wirba		Bethesda USUAL RESIDENCE (Where d	eceased li	ved if institution	· Residence before	13c. CITY OR	TOWN I	13d. INSIDE CITY LIV	MITS? 13e. S	TREET AND NUM	BER		
equires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the faneral burial-transit permit. Then please remave carban paper. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death	admi	shington, D.	.C.	3b. COUNTY	. Residence Boilers		ngton			11 12th		eet. N.	E.
T A S C C C C C C C C C C C C C C C C C C		ATHER'S NAME First		Middle	Last			AIDEN NAME FI			ddle		Last
	1	Sammie	2		Parker			Vil				Par	ker
ign ase	160.	WAS DECEASED EVER IN U.S		ORCES?	6b. SOCIAL SECURITY		NFORMANT T			ecord Add	lress		
al, cal, cal	Y	No (If yes	s give war or d	ales of service)	245-54-6					NIH, B		sda, Ma	ryland
certi p ph hen nav	H	18. CAUSE OF DEATH (Ent	er anly an									APPROXIM	NATE INTERVAL
# di i		DADT I DEATH WAS C	ALICED DV.		Intracere		omonnhe	200				3 da	
de d		2051	MEDIATE C		A CONSEQUENCE OF			186		PES / FEE		3 4	
t pe a		Conditions, if ony, which g			Chronic m		nous le	eukemia				l ve	ear
hat n. y # ansi		rise to immediate cause stoting the underlying co		(0)	A CONSEQUENCE OF								
es t		last.	036	(c)									
requires that the death certificate be physician. signed by the attending physician are burial-transit permit. Then please rate burial, crematian, ar remaval, and in		PART 2. OTHER SIGNIFICAN	T CONDITION	ONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR C	ONDITION GIV	'EN IN PART 1(a)			
w red ling p een s the t	2												
U DO O SIG	CERTIFICATION	190. DATE OF OPERATION	19b. CONI	DITION FOR WHIC	H OPERATION WAS PE	RFORMED	2Do. AUTO	PSY?		IF YES, WERE FIN	DINGS CO	NSIDERED IN CE	RTIFYING
: The ratte e has a salth pr	E E						YES 🔀	NO 🗌	CAUS	ES OF DEATH?	Yes		
JAN: al ar ficate far u Heall		21a. ACCIDENT WAS UNDE	RLYING	21b. TIME OF I	NJURY Month Day Year		OW INJURY OCC	CURRED (Enter	nature of in	ury in Part 1 ar	Part 2, It	em 18.)	
d fife	MEDICAL	(If either, natify medical e	(xaminer)	P.M.	1	9					100	- 1-	
OR ATTENDING PHYSICIAN: 1 be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far us led with the State Dept. af Healt	W	21d. INJURY OCCURRED	21e. PLA	E OF INJURY (T HOME, FARM, STREET, FA	CTORY.) 21f. LC	OCATION Street	et or R.F.D. No.	Ci	y or Town		County	Stote
the this detre		at work at wark								10 00		60	W
by the Stat		22a. I certify that (x	(this h	ospital) atter	ded the deceas	ed from	d that in 100	, 19 <u>0</u>	9_, to_	TO May	, 19_1	o and have	(A) (we) las
R: A		causes stated a	ea anve bave. (X	(we) (did) ((NOC) view the	body after	death.	Att (onl) ob	mun deam	occurred on	ille doi	e ond nam	and montrine
AT AT STATE OF STATE		22b. SIGNATURE		0	1			NO N	LLD.	CTAFF		ATE SIGNED	
OR ATTENDING be retained by th DIRECTOR: After t ge 3 shauld be d led with the State		10	ton	(o. 1	Sunk	MUSDEGE	REE PHYS.	NG D	IRECTOR	1 11101		May 196	9
AL Day to be fille		22d. PHYSICIAN'S					22e. ADD	oress The	Clini	cal Cen	ter,	Nation	al
TO HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certi director, page 3 shauld be detached shauld be filed with the State Dept. at	,	NAME (Type) Pet	er G.	Burk,				titute		ealth,		esda, M	aryland
FUN FUN		BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY	-1 0	23d. LOCA	TION (City or Tow		(County)	(Stote)
5 5 5 in 12		REMOVAL (Specify)	M	ay 15,69			y Churc	ch Cem.		nama		rham	N.C.
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1		07183	DIVISION OF VITAL RECO	ORDS, 301 W.			YLAND 21201		
	1 DF	CEASED-NAME First	Middle		CATE OF DEATH	2a. DATE OF	DEATH 0'7	179	Tai Hana
		(pe ar print)	37	non	PARSONS	Ma:	Month Day	69 Year	2b. HOUR
1	3. SE	Mi.	4. RACE	11011	S. DATE OF BIRTH	17161	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 1		Male	Caucasian		Nov. 14, 1	.882	last birthday) VRS.	MONTHS DAYS	HOURS MIN
	7a. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF			
		Ohio	USA	WIDOWED			tgomery		M
7		TY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITA give street address)	aval Hos	pital during (ossof working	(Kind of work done		BUSINESS OR N/A
	admis	USUAL RESIDENCE (Where deceasision)	sed lived, if institution: Residence 13b. COUNTY Montgome		VEC TIL		EET AND NUMBER 6 Glenbroc	k Parkv	vay
		ATHER'S NAME First	Middle		5. MOTHER'S MAIDEN NAME		Middle		Last
		Jame			Mary			Mill	Ler
	16a. Ya	WAS DECEASED EVER IN U.S. ARN es, na, ar unknawn) (If yes give w	MED FORCES? 16b. SOCIAL SER	LURITY NO. 17.	INFORMANT Bethes	da, Md.	Address		
	-	Yes			s. Naomi Pars		06 Glenbro	ok Park	Wav
		 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED 	nly ane cause per line far (a), (b),					APPROXI	MATE INTERVAL INSET AND DEATH
		IMMEDIA	ATE CAUSE (a) Congest	ive hear	t failure				
		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUE	VCE OF					
		rise to immediate cause (a),	(b) Coronary		disease			yea	rs
		stating the underlying cause	DUE TO, OR AS A CONSEQUE	NCE OF					
			(c)NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERMINAL DISEASE OR	CONDITION GIVEN	IN DART I(a)		
	_	The state of the s	TOTAL CONTRIBUTION TO DESIGN	DOT HOT KEEKIED	O THE TERMINAL DISEASE OR	CONDITION OFFER	IN PART I(U)		
	CERTIFICATION	19a. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
2	TIFIC				YES NOTE	CAUSES	OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c. H	IOW INJURY OCCURRED (Ent		y in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	(H HOUR A.M. Month Day ner) P.M.	Year 19					
	W	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, S) OFFICE BUILDING,	REET, FACTORY,) 21f. L			or Town	Caunty	State
		22a. I certify that (X) (thi	is haspital) attended the dilive an May 11	eceased fram_1969 . ar	March 14 , 19	69 , ta Ma	curred on the do	69 , that	(we) la
		causes stated abave	e, (H) (we) (did) (did not) yie	w the bady after	death.			wind fluor	GIM HAIH H
1		22b. SIGNATURE	Jewes en L.		ATTENDING	MED.	STAFF 22c.	DATE SIGNED	
1	1	and a superior and		DEG	REE PHYS.	DIRECTOR L		y 12, 1	969
		22d. PHYSICIAN'S NAME (Type) E.	M. JEWUSIAK, M.	D	22e. ADDRESS				
-	230	BURIAL, CREMATION, 23b. C		ME OF CEMETERY OF			Rethesda N (City or Town)		
	R	REMOVAL (Specify)	7 5 60	·lington		Arling		(Caunty)	(State) /a.
1			A. Pumphrey F			BY REGISTRAR	2Sb. REGISTRAR'S		C
					DATE	1 5 196		Par Oscolo	
F	=))(Wisc onsin	Ave., Bethesda	WIO	0740	F M 100	VI A	1	m-1263

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by the funeral Pages Trand 2 within 24 hours after death. 3 SEX attending physician and completely filled in permit. Then please remave carban papers, an, or removal, and in any event, within 72 ft executed burial, crematian, or removal, and in any requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07184 CERTIFICATE OF DEATH 07180 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOURAIM (Type or print) Patterson Baker XXXX Herba May 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) 26 September 1897 White Female 7p. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Alabama USA WIDOWED DIVORCED [Montgomery IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) The Clinical Center, NIH Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 136. COUNTY YES 1311 12th Avenue Tuscaloosa 14. FATHER'S NAME Middle First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Baker Mahuldah Spradling Herbert H. 17. INFORMANT Bethesda, Maryland Address 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no or unknown) 579-60-5456 The Medical Records, The Clinical Center, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Probable BETWEEN DISET AND DEATH Probable Gram-negative sepsis 24 hours IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Bronchopneumonia, bilateral days rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF small bowel stoting the underlying couse (c) ? metastatic breast ca., right adrenal gland &/ months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Acute Granulocytic Leukemia 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (this hospital) attended the deceased from 23. February, 19.69, to 2. May 19.69, that (we) last saw the deceased alive an 2. May 19.69, and that in (MAX) (our) opinion death occurred on the date and hour and from the couses stated above, (b) (we) (did) (condit) view the body ofter death.

Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to

signed by the burial-transit p

230. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 5130 WISC. AVE., N. W. WASH., D. C. 20016

22b. SIGNATURE

NAME (Type)

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY Elmwood emetery 2So. REC'D BY REGISTRAR

DEGREE

ATTENDING

PHYS.

Birmingham, Alahama 2Sb. REGISTRAR'S SIGNATURE Williamlas Jordal

22c. DATE SIGNED

2 May 1969

(County)

(Stote)

JOSEPH GAWLER'S SON, INC. ADDRESS

23b. DATE

David H. Riddick, MD.

1969

MED.
DIRECTOR

22e. ADDRESS The Clinical Center. National

Institutes of Health, Bethesda, Md.

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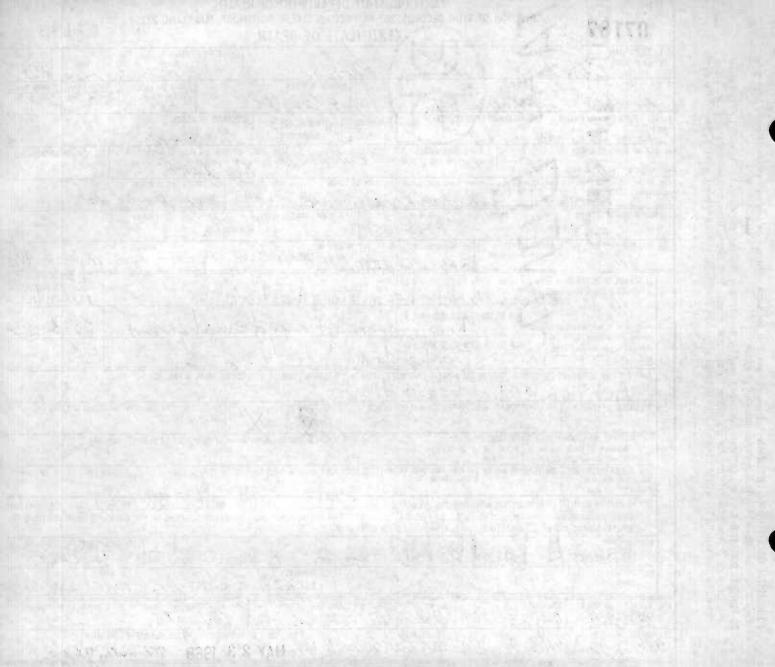
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11			0.1.100		(ERTIFICATE OF DE	EATH		07181	
	ath.	1. D	CEASED-NAME F	rst	Middle	Last	2a. DAT	E OF DEATH		2b. HOUR
	death.	(ype ar print) Will	Field	S	Popler	1	MAY Month	Day Year 9 1969	6'05 N
	in the second	3. SI	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 MRS.
	t (4)	10	m	(4)		Nou. 8	1886	last birthday)	rrs. Months Days	HOURS MIN
-	Pér paris	7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MARRIED		OF DEATH		
	24 haurs ed in by the apers. agens. agens. n 72 haurs.	caui	Ohio	USA		WIDOWED DIVORCED	in Mo	NTgomery		Md
	n 2 illed pap nin	10. (ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INS		12a. USUAL OCCUPA	TION (Kind of work do		
	A SEE		Silver Spring	give stree	t address)	HOSOTAL	during most of warl	king life, even if retire	ind.) INDUSTRY	a) ·
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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#8.FilmGL13 1. DECEASED-NAME Last 2o. DATE OF DEATH 2b. HOUR (Type or print) be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1, and State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer deat Month ded Year 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR executed within 24 hours ofter 3. SEX 6. AGE (In years last birthdoy) IF UNDER 24 HRS DAYS HOURS MONTHS I YRS. 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED YONTGOMER U.S.A. WIDOWED S DIVORCED [12o. USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Chauffeur INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE NO 5023-Riverdale Road Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Wenzel Pfohl Hild Rosa ATTENDING PHYSICIAN: The low requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) (If yes give war or dates of service) Rosa H. Pfohl - (above address APPROXIMATE INTERVAL Mother) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARDOMINAL AURTIC AMEURYSMA BLEEDING. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) ARTERIOSCLAROSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 3-4 WEEKS MFECTION last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while to work 22a. I certify that (I) (this hospital) attended the deceased fram_ 1952, 19 7 1967, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on____ be retained director, page 3 should should be filed with the couses stoted obove, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, Suitland, Md. REMIDIAN (Spicion) 5/10/69 Wash. Nat. Cem. Funera LADDRESS Mt. Rainier 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1969 Home Inc. DAMAY 1 Minney Jacque Maryland 30M REV. 1/68

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	3.	SEX	4. RACE	S. DATE OF BIRT	Н	6. AGE (In years	IF UNOER 1 YEAR	IF UNOER 24 HRS.
		Female	white	1-1		last birthday) YRS.	MONTHS OAYS	HOURS MIN
	70	. BIRTHPLACE (State or foreign 7b. untry)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	ED 9. COUNTY O	F DEATH		
		Washtington D.C.	America	WIDOWED DIVORCE	Mont.	gomery		М
	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If nat in haspital	12a. USUAL OCCUPATION	(Kind of work dane	12b. KIND OF B	USINESS OR
1	/ 12	Takoma Park	give street address) Washington	Sanitarium	during most of warking Housewife		INDUSTRY	
,	, all ad	p. USUAL RESIDENCE (Where deceased li mission) STATE	13b. COUNTY			TREET AND NUMBER		
		aryland	Montgomery S	TIACT OUTTIN	(ES) NO 91	O_South Bel	grade R	oad
	14	FATHER'S NAME First	Middle Last	15. MOTHER'S MAID	DEN NAME First	Middle		Last
9	4	N.D. Baron		Id	a	TM	iller	
	16	o. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY I			Address	-	
		Yes, no, or unknawn) (If yes give war or o	225-18-57	77 Patients	g chant			
	-			- A STANDARD L	a CHAPE		APPROXIMA	ATE INTERVAL
			ne cause per line far (a), (b), and (c).		1	100	BETWEEN ONS	SET AND DEATH
		IMMEDIATE C	AUSE (a) HEMORRH	AGING/NO	PAAGEAL Y	AKICES	DAY	5
		5//8	DUE TO, OR AS A CONSEQUENCE OF					
		Canditians, if any, which gove rise to immediate cause (a),	(b) INTERPORT	ALCIRRHOS	IS OF THE	LIVER	YEAR	25.
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				7	
		last.	(c)					
		PART 2. OTHER SIGNIFICANT CONDITI-	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVE	N IN PART 1(a)		
	_							
	CEPTIEICATION	190. DATE OF OPERATION 196, CON	DITION FOR WHICH OPERATION WAS PER	RFORMED 20a, AUTOPS	y? 206 II	YES, WERE FINDINGS CO	NSIDERED IN CER	TIEVING
) Els		The state of the s	YES X		S OF DEATH?	WINDLKED IN CER	111 / 1110
-	EPT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY				101	
			HOUR A.M. Manth Day Year	ZIC. HOW INJURY OCCUR	RED (Enter nature of inju	ry in Part 1 or Part 2, It	em 18.)	
	MEDICAL	(If either, notify medical examiner)	P.M. 19					
	2	21d. INJURY OCCURRED While Nat while	CE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street a	or R.F.D. Na. City	or Town	County	State
		at wark at work	4				60	
		22a. I certify that (I) (this h	aspital) attended the decease	ed from 1-76	19 <i>6</i> 1, ta	5-4.196	that (1) (we) las
		saw the deceased olive	on	9 61, and that in (my)	(aur) opinion death	occurred on the dot	e and hour or	nd from th
		couses stated above, (I)	(we) (did) (did nat) view the l	oody ofter deoth.				
4		22b. SIGNATURE	6 /a. 1.	ATTEMPINE	MED	22c. Da	ATE SIGNED	/
1		11/10	1 talush 1	MA DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	5-4,	69
		22d. PHYSICIAN'S		22e. ADDRES	55 (4. 6 50			C
		NAME (Type) ABRA	HAMW!)	ANISA	1106 > Box	1NS 37	'	7 -
	23	BURIAL, CREMATION, 23b. DATE	23c. NAME OF (CEMETERY OR CREMATORY	23d. LOCATIO	ON (City or Tawn)	(County)	(State)
				indoln		ensburg,	,	yland
4	24	FUNERAL DIRECTOR	ADDRESS	25	Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S S		yranu
ļ	8	F. J. Collins 500		Sil. Sp. Md	ATMAY 7 19		an Judg	10
			J.,. 71 D, 744 171 1	opa.	AIE-II- IV	04	mil Market	The same of

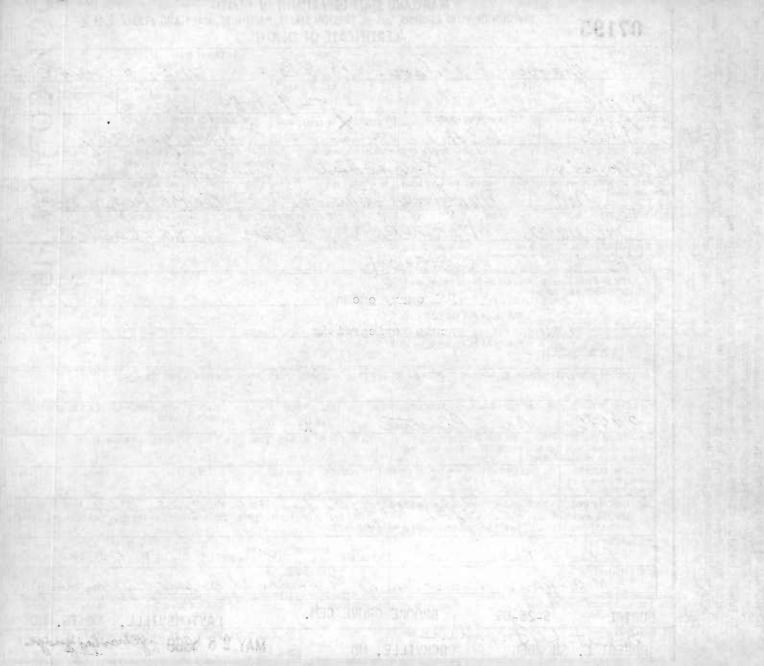
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/	MARYLAND STATE DEPARTMENT OF HEALTH	
0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	189
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b, HOUR
is ta	(Type or Print) Mary Van Veen Pilson DEATH MATED \$4 5 25	1969 2 5M
any delay is 2, and 3 to PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
del del	Fe- w. 10/11/32 36 YRS. MONTHS DAYS HOURS MIN Month of Doy 26 Yes	ar 10 /9 7334
Par Pr	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	175 / p · p · m
De De	(country) Washington, DC USA WIDOWED DIVORCED Montgemery	
ges ges n fo	TO CITY OF TOMAL OF DEATH	ND OF BUSINESS OR
after death Crass 1, 2 clang with farm with the State Deplete.	Bethesde give street oddess; are Intown Mote uring most of working life even if retired. INDUSTI	RY
Sive ng h th	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR JOWN , 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Home
	odmission) STATE MC - 13b. COUNTY ont gomery Brookment YES XINO 1 4016-62 20	37
Office offer offer	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Eugene Benjamin VanVeen Louise Larcombe	
0 -	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no, or unknown) (If yes give war or dates of service) 577-42-3305 Benjamin F. Pilson Brookmont	
shauld be executed with shauld be executed with word "pending" in perion to the Chief Medical Examburial-transit permit. File in any event within 72	I I & CAUSE OF DEATH (Enter only one couse per line for (o), (b), ong ((),)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
be executed "pending" in nief Medical E nnsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drug Poisoning	12 hr.
exe modi me mt	1950-2 DUE TO OR AS A CONSEQUENCE OF	714
be "pe "pe nief ansi	Conditions, if ony, which gove (b) over dose. Librium. Barbituates	
any any	rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld burial-tra	lost.	
a b d to nd	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ertificate should writing the word rwarded to the Cl sed as a burial-treased, and in any		
wait with ward	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 2	O. AUTOPSY?
INER: This certificate shauld be executed e certificate, writing the word "pending" is shauld be forwarded to the Chief Medical files. 3 shauld be used as a burial-transit permit. atian, or removal, and in any event within	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	YES NO P
certificate, auld be fores. es. hauld be to ion, or renion, or renion.	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
S. S. an,	PRIMARY TOR CONTRIBUTING HOUR ASS. 5/25 1969 TOOK. OV2: dre Libri wim. + Babis CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Gity or Town. Goun	tostes
INE sho file 3 sho ati		ty Stote
XAMINER: te the certi ge 4 shauld yaur files. 'age 3 shaul crematian,	WHILE NOT WHILE AT WORK AT WOR	nigomu, Me
EX Pag Pag ar, y		and in my opinion
DEPUTY SICAL EXAMINER: This certifica ecessary, please execute the certificate, writing the forwarder may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used as ealth prior to burial, crematian, or removal, a	deoth resulted from: Noturol couses, Accident, Suicide, Homicide, Undetermined monner	na in my opinion
EPUTY DICA sssary, please e funeral director not be retained INFRAL DIRECT III prior to bu	CHIEF MEDICAL EXAMINER	
ry, pler y, pler dige reto prior	ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
ER P	DEPUTY MEDICAL EXAMINER M 24 2	6,1969_
TO DEPUT) necessary, the funera 5 may be TO FUNERA Health pr	NAME (Type) John G . Ball ADDRESS(Street, city, town, or county) BETHESDA,	, MD.
the 5 m Heal	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (Stote)
	Cremation 28 May 69 Cedar Hill Crematory Suitland Md.	
00	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	Fredge.
VR A15ME (3) 10M REV. 1/68	Robert A. Pumphrey Bethesda, Maryland DAIJUN 5 1969	, ,

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7		07194	DIVISION OF A			ESTON STREET, BA ATE OF DEATI		AKTLAND 21201	0719	0
death. neral and 2 death.		ECEASED-NAME First Type or print) Haywo	od	Middle (NMN)	Pr	lost rather	2o. DATE	OF DEATH Month 5)oy 24 Yeg9	2b. HOUR 2:00Am
cecuted within 24 hours after death completely filled in by the funeral pave carbon papers. Pages 1 and 1y event, within 72 hours after death	3. 5	Male Male	4. RACE		5	5. DATE OF BIRTH 6-7-26		6. AGE (In years last birthday) 42 YR	IF UNDER 1 YEAR MONTHS DAYS S.	IF UNDER 24 HRS. HOURS MIN
4 hours	7o.	BIRTHPLACE (Stote or foreign ntry) Mary land	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X	NEVER MARRIED OIVORCEO	9. COUNTY (ntgomery		Md.
within 2 sly filled page within	1	CITY OR TOWN OF DEATH	give stre	et oddress) ontgomery	Gene ra	during	SUAL OCCUPATION Most of working	ON (Kind of work doning life, even if retired	e 12b. KINO O INDUSTRY	F BUSINESS OR
cuted vomplete	13o odn	USUAL RESIDENCE (Where deceosnission) STATE Maryland	ed lived, if institution 13b. COUNTY	Residence before	13c. CITY OR T Sandy		ITY LIMITS? 13e.	street and number ox 187 Sar	ndy Spri	ng, Md.
cate be execute	14.	FATHER'S NAME First Irvin	Middle	lost Prather	15.	MOTHER'S MAIDEN NAM Mamie	E First	Middle B.	Pra	ther
certificate g physiqa Then pleas maval, an	160	. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes 972)	NED FORCES? pr or dates of service) 4-46	5b. SOCIAL SECURITY N	O. 17. IN	FORMANT		Address		
uires that the death certificate be executed within 24 hours after death hysician. gned by the attending physician and completely filled in by the funeral prial-transit permit. Then please remaine carbon papers, Pages 1 and 2 rial, crematian, ar remaval, and imany event, within 72 hours after death		4100	y one couse per line D BY: TE CAUSE (o) DUE TO, OR AS	Linkon	Sifte	Infar	núts.	Alan	APPRO: BETWEEN	ONSET AND DEATH
equires that the physician. signed by the a burial-transit pe burial, crematian		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	(c)	CONSEQUENCE OF	ange o	6-11:- B	enol &	18ear	2	ox -
Des. De	TION	PART 2. OTHER SIGNIFICANT COM	CONDITIONS CONTRIBUTING			THE TERMINAL DISEASE		VEN IN PART I(o) IF YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
ar after or use as alth pr		210. ACCIDENT WAS UNDERLYIN				YES NO	DX	SES OF DEATH?	2, Item 18.)	
PHYSICIAI the haspital this certifice detached fau e Dept. of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical examinated INJURY OCCURRED 21e.	ner) P.M.	Month Doy Yeor 19 Home, FARM, STREET, FACT	TORY,) 21f. LOC	ATION Street or R.F.D.	No. C	ity or Town	County	Stote
renbino ned by R: After wild be the Stat	3	While Not while of work of work of work of work of work 122a. I certify that (I) (the saw the deceased a causes stated abave						5/24, n accurred an the	19 61 , the	at (I) (🍅) last r and fram the
may be retained by RAI DIRECTOR: After page 3 shauld be be filed with the Sta	O'i care	22b. SIGNATURE 22d. PHYSICIAN'S	es H. Lig	Nov. N	OEGREI		MED. DIRECTOR C		DA E SIGNED	169
TO HOSPITAL Page 4 may TO FUNERAL I director, page	230	BURIAL, CREMATION, 23b.		23 NAME OF O	E Grove	e Cemetery	1.6	TION (City of Town) Oytonsvill	(County)	(Stote)
OM REV. 1	24.	FUNERAL DIRECTOR	Anon	Len	Koc	12 11/1, 1	D BY REGISTRAR	25b. REGISTRA 1969 J.C.	KS SIGNATURE	medge.

	1	MAKTLAND STATE DEPAR		
-		07195 DIVISION OF VITAL RECORDS, 301 W. PRESTON		191
	. 2	CERTIFICATE ()F DEATH	
4 -24		CEASED-NAME First Middle bost	20. DATE OF DEATH	Year 203
dea	1	(pe or print) Cames Melson. Ba	Then Than 204	2 14/4 3 2N
fur	3. 5	4. RACE S. DATE (OF BIRTH 6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS
aft the the safts		male C	- 7-1899 last birthday) yrs	MONTHS DAYS HOURS MIN
by Pours	70.	IRTHPIACE (Stote on foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER	MARRIED 9. COUNTY OF DEATH	
requires that the deoth certificate be executed within 24 hours after death g physician. In signed by the attending physician and completely filled in by the funeral e buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 e buriol, cremation, or removal, and in-any event, within 72 hours after death o buriol, cremation, or removal.	(OU		DIVORCED Montgome	PELL MA
in 2	10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol 120 USUAL OCCUPATION (King of work done	126. KIND OF BUSINESS OR
ely with		BETHESIA give street oddress aburban	during most of working life even if refired)	INDUSTRY
ed car car	130.	JSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN sion) STATE 13b. COUNTY	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
ecut own	Odi	soll) state med 130. complanty omery Gaithers	Gasthers fur	a, md.
W B B	14.	ATHER'S NAME First Middle Loss IS. MOTHER	'S MAIDEN NAME First Middle Middle	Lost
dy Se C		HOWARD FRATHER	Losie danca	ster.
sido olea , an	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI 17. INFORMANI	Address	
phy en en		is, no. Ar vinknown) (If yes give war or dates at service) 220-05-4384		
ng The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eoth endi nit.	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary edema		
afte d		3910 DUE TO, OR AS A CONSEQUENCE OF		DAMES
equires that the deoth ce physician. signed by the attending buriol-transit permit. The		Conditions, if ony, which gove (b) Acute pericarditis	3	
tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
ysici ped iol-		lost. (c)		
AN: The law requires that the deoth certifial or ottending physician. It is been signed by the attending phy for use as the buriol-transit permit. Then Health prior to buriol, cremotion, or removal		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Malaw randing been been so the ior to	8			
tender de la sa bas de sa sa bas prio	S		AUTOPSY? 20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
AM: The law rail of or oftending icote has been for use as the Health prior to	CERTIFICATION		X NO [
AN al o al con icot		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY HOUR A.M. Month Doy Yeor	OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	tem 18.)
SICI spitce ertiff ed 1	MEDICAL	(If either, notify medical examiner) P.M. 19		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre		21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION	Street or R.F.D. No. City or Town	County Stote
ING by the ter tate		22a. I certify that (I) (this haspital) attended the deceased fram 5/	9 ,1969, to 5/22 ,191	69, that (I) (we) last
A Paragram		22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 196 g and that in	(my) (aur) apinian death accurred an the dat	te and haur and fram the
R ATTENI retained reCTOR: A 3 should with the		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	Loo	ATT COURS
OR ATTENDING be retained by the INECTOR: After e 3 should be ded with the State		22b. SIGNATURE Richard N. Polinbourn M.D. DEGREE PHY		DATE SIGNED 23/C9
y be			ADDRESS	
O HOSPITAL OR Page 4 moy be O FUNERAL DIRI director, page 3			4700 Bradley Boulevard Cherry	Chose mel.
UNE 4 DOSI	230	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR		(County) (Stote)
O HOSPIT Page 4 m O FUNERA director, I	-30	BURYLA (REMATION, 5-26-69 BROOKE GROVE CE	LAYTONSVILLE,	
	24.	UNERLAIRBITOR, + L. Anunder ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAD'S	
VR AIN (A)		ROBERT L. SNOWDEN ROCKVILLE, MD	DATE MAY 2 8 1969	mes huste



	071	DIVISIO				STREET, BALT			21201			
TATE	071	90	MEDIC	AL EXAMIN	NER'S CE	RTIFICATE	OF DEAT	TH			0719	92.
DEPT.	1. DECEASED-NAME (Type or Print)			Middle		Lost	133-15		ATE KNOWN	Month	Doy Yeor	2b. HOUR
10	(Type or time)	Kevin		Tyrone		Pumphrey		DE	OF ESTI-	5 30	0 69	4:50 AM
	3. SEX	4. RACE	5. DATE OF BII		AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HE HOURS N	21. UP	TE PRONOUNCE		V	2d. HOUR
	M	C	2-22-		7 YRS.			IV.		Day 30	Year 69	TAM
	7o. BIRTHPLACE (S country)	3	7b. CITIZEN OF WI	IAT COUNTRY?		RIED NEVER MAR	_	COUNTY O				
-01	mary	land	USA	ALLE OF HOSPITAL O			RCED 🔲		Montg			Md
19	10. CITY OR TOWN			AME OF HOSPITAL O street oddress)	K INZIIIUIION	(If not in hospitol	during mo	at Occupations of working	ON (Kind of w ng life, even it 1 OT	rork done	12b. KIND OF BUI	SINESS OR
2/	Olney			Montgo		General	I. INSIDE CITY LIMITS		TREET AND NU			
10		Maryla Maryla		ution: Residence be Mont gome			YES NO	100.0	18514 B		Rd.	
2	14. FATHER'S NAMI		Middle		ost San	15. MOTHER'S MAIL		First		iddle	Los	
1	Melvin			ohrey	031	13. MOTHER 3 MAIL						
1		EVER IN U.S. ARMED		16b. SOCIAL SECURI	TY NO 1	7. INFORMANT	36	русе	ADDRI		Pumphrey	У
S IIIONI 7/	(Yes, no, or unkr		re war or dates of service)	100.300000	.,				No pil			
			nly one couse per l	ine for (o), (b), ond	(d)						APPROXIMAT	
	PART	DEATH WAS CAUS	ED BY:	2-25/27	(6n 1)	Nocerat	lien. 1	Bra	Ini		BETWEEN ONSE	I AND DEATH
V	815	Immeu	DUF TO, OR	AS A CONSEQUENCE	OF						1	4
event within		if ony, which gove) (b)	Com Po	und.	Fractor	es of	SKULI	1.		5 das	0.
in ony		ediote couse (o), underlying couse	DUE TO, OR	AS A CONSEQUENCE	E OF					2 8 2 9		
	last.) (c)	Traum	10.			THE ST		A. Land		250
	PART 2. OTHE	R SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	O THE TERMINAL DI	SEASE OR CON	DITION GIVE	N IN PART 1(o)	MEL MI		
	NO TOTAL										1	
2	5 190. DATE OF	OPERATION		19b. CONDITION FO WAS PERFORM		RATION					20. AUTOPS	.0
	190. DATE OF	AL CAUSE WAS	216 TIME OF	INJURY Month, Doy,	Vaor In	Ic. HOW INJURY OCC	CUDDED /Fator		to a to Dona 1	D+ O IA-	YES _] NOX
		OR CONTRIBUTING	HOUR A	# 1-1-		Code bis					m 10.)	
	PRIMARY CAUSE OF DI	OCCURRED 21e.	PLACE OF INJURY	At home, form, stre		If. LOCATION Street of			City or Town	~	County	Stote
5	WHILE	NOT WHILE T	octory, office building	g, etc.)		BrookeR				145Pri		
3						, held an Autor		Inspectio		nquiry 🔽		ny apinian
0		resulted fram:		ses , Accid					determined			пу арппап
			^ ^		יעבטי		F MEDICAL EXA		7			
2	ACTUAL SIGNATURE	0	In &	1. Bul	(.		STANT MEDICAL	_		22b. DATE S	SIGNED	
X	EXAMINER	//	Ы	Perez	4		JTY MEDICAL EX			MAC	430,1	969
	NAME (Typ	e)				ADD	RESS(Street, city	γ, town, or	county)			
	230. BURIAL, CRE	MATION, 23b	DATE			OR CREMATORY			TON (City or To			(State)
	REMOVALIS	aT"	6/3/69			al Cemet		Sa			Montg.	
De	24. FUNERAL DIRI	FIF /		/	DDRESS		2Sq. REC'D BY	4 191	69 25b	EGISTRAR'S S	SIGNATURE	-
M	16 Cles	トルル	nouve	KOCK!	/ille,	IMG.	DATE	7 10				

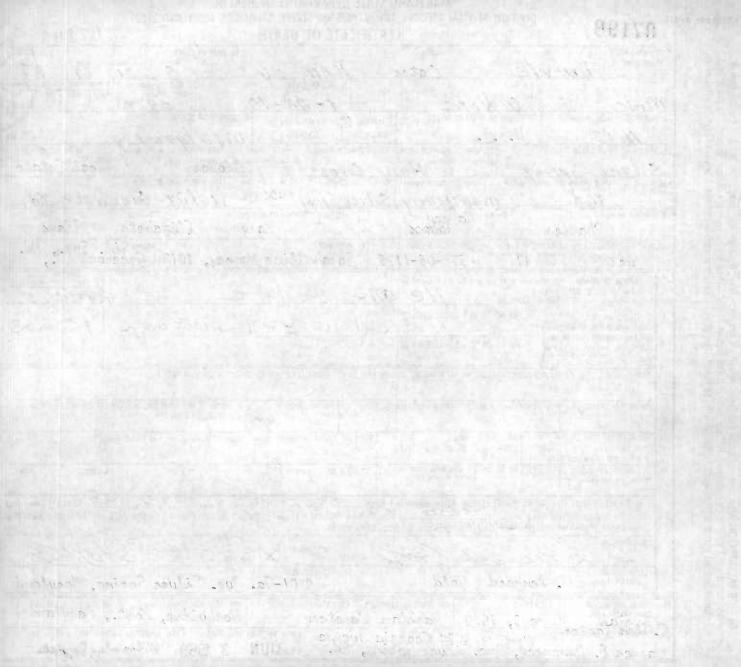
MARYLAND STATE DEPARTMENT OF HEALTH

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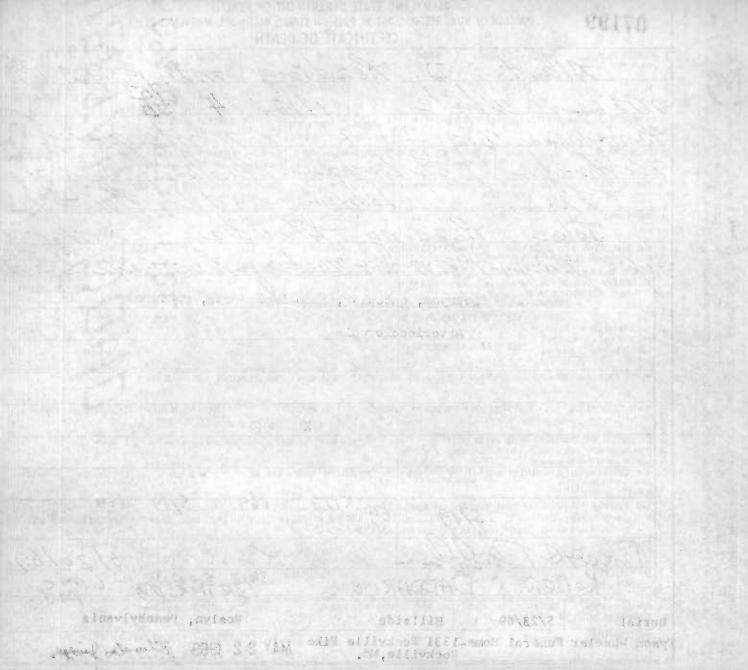
	1	07197	DIVISION OF	MAKTLAND	STATE DEPARTMENT OF	HEALTH	201
P		01134	DIVISION OF	CE	OT W. PRESTON STREET, BA	H	0107193
death.		ECEASED-NAME First Type or print)		Middle	Last	2a. DATE OF DEATH Month	Doy Yeor 2b. HOUR
r de	3. 5	Herm	4. RACE	Carle	Ramey	May	31 1969 1170 M
	3. 3	male 1	white		5. DATE OF BIRTH	7, 1886 last birthdoy	MONTHS DAYS HOURS MIN
The South	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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vithin 24 ly filled within 7		ensington	11. N. give	AME OF HOSPITAL OR INSTIT street address) Hal	UTION (If not in hospital 12a. U	SUAL OCCUPATION (Kind of Work most of working life, even if ret	dane 128. KIND OF BUSINESS OR INDUSTRY Lerk Merchandis
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ond co	14.	FATHER'S NAME First Emme t	Middle t Ramey	Lost	Mame Hawk		dle Last
and icion	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	Add	ress Sister
e death certificate aftending physician permit. Then please on, ar remayal, and		es, na, ar unknown) (If yes give wh	r or dates of service)		39 Florence V		as 13e)
th certifi ding pry . Then remava		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per li	Δ			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne death attendi permit. ion, ar r			TE CAUSE (a)		vascular-re	nal disease	years -
t the assit pe		Conditions, if any, which gave)		AS A CONSEQUENCE OF			
hat n. yy th ansi		nse to immediate cause (o), stating the underlying couse	(b)	AS A CONSEQUENCE OF			
Equires that the dear physician. signed by the aftenchurial-transit permit burial, cremation, ar		lost.	(c)				
Sign buri		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBU	TING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(a)	
law randing been s the iar to	NO		8	mile ps	ychosia		2
The law requires the attending physician, has been signed by se as the burial-tranth prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PERFO	YES NO	CALICES OF DEATHS	INGS CONSIDERED IN CERTIFYING
AN: The cate had cate had use use Health !		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	21b. TIME OF HOUR A.M.	INJURY Month Day Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 ar F	Part 2, Item 18.)
SICL spito ertifi ed f	MEDICAL	(If either, natify medical examine	er) P.M.	19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law ray Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	2	at work at work			21f. LOCATION Street or R.F.D.		County Stote
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OR: OR: h the			(I) (we) (did)	(Ad not) view the bac	ly after death.	opinion dodin occomod on i	
RECT 3 sh		22b. SIGNATURE	B AL	4	MEDEGREE PHYS	MED. STAFF	22c. DATE SIGNED 4. 1969
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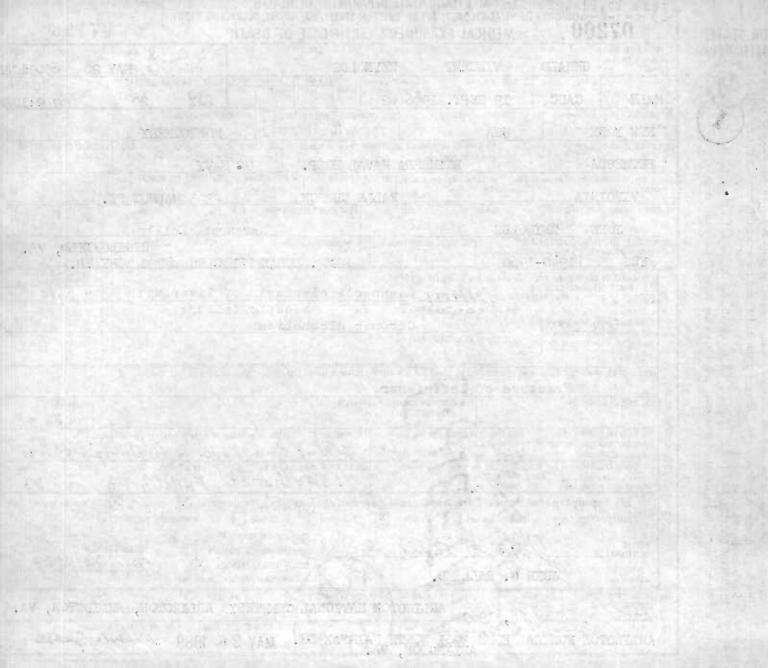
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- /	an rem	14.	FATHER'S NAME First	Middle Rangey Las	IS. MOTHER'S MA	AIDEN NAME First	Elizabeth	Adams	
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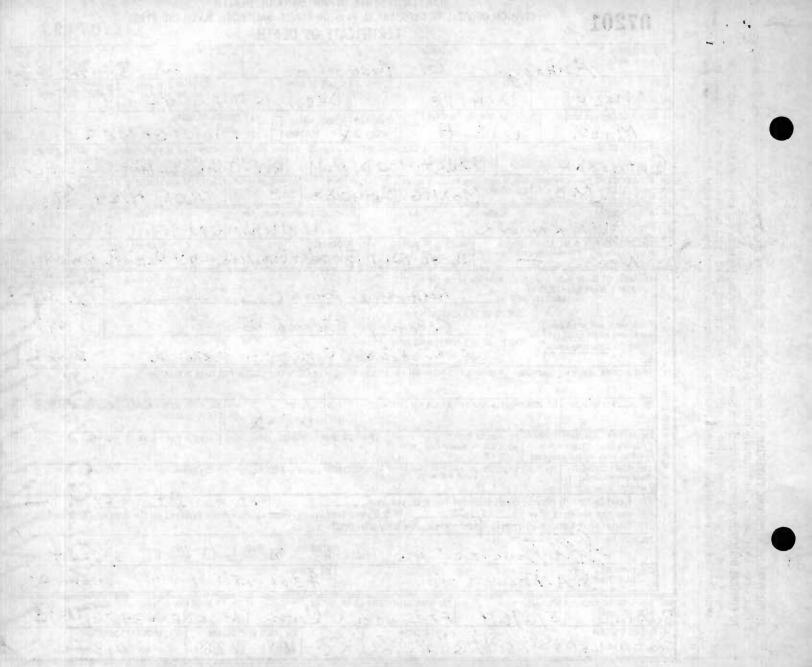
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	law endin bee is the	AT10	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OP	ERATION WAS PERF	DRMED	20a. AUTOPSY?		20b. IF YES. V	VERE FINDINGS	CONSIDERED IN C	ERTIFYING
	: The law r ar attending e has been use as the alth priar ta	CERTIFICATION						YES K NO		CAUSES OF D			
			210. ACCIDENT WAS UND		TIME OF INJUR	RY	21c. HOW	INJURY OCCURRED (E	_	of injury in P	ort 1 or Port 2	Item 181	
	from the state of	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. Mor P.M.	nth Doy Yeor						10111 10.7	
	asp cert cert cert cert cert cert cert	WED	21d. INJURY OCCURRED	21e. PLACE OF IN		AE, FARM, STREET, FACTO	RY.) 21f 10CA	TION Street or R.F.D.	No	City or Tox	WD.	County	Stote
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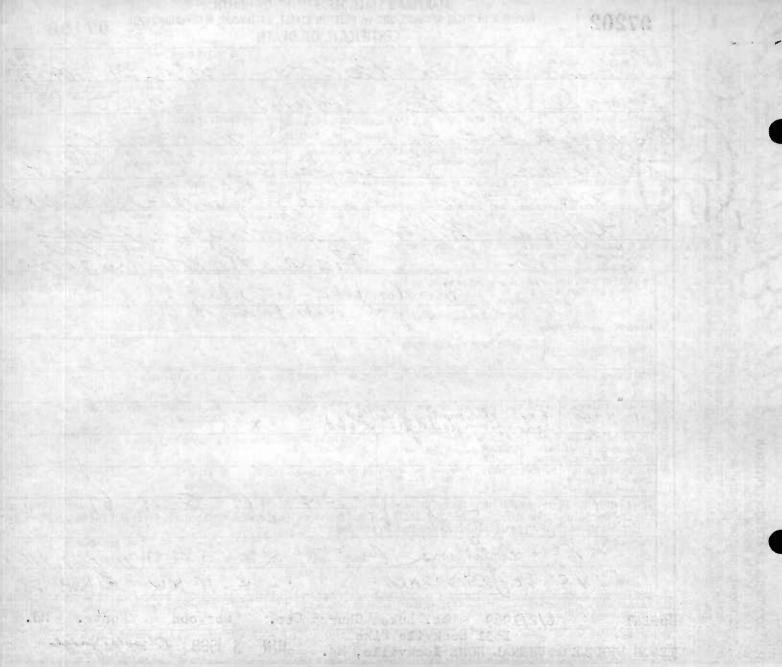
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		FUNERAL DIRECTO	OR/2	1/1/1/		ADDRESS	U.S. WEST	2So. REC'I	D BY REGIS	TRAR :	2Sb. REGISTI			
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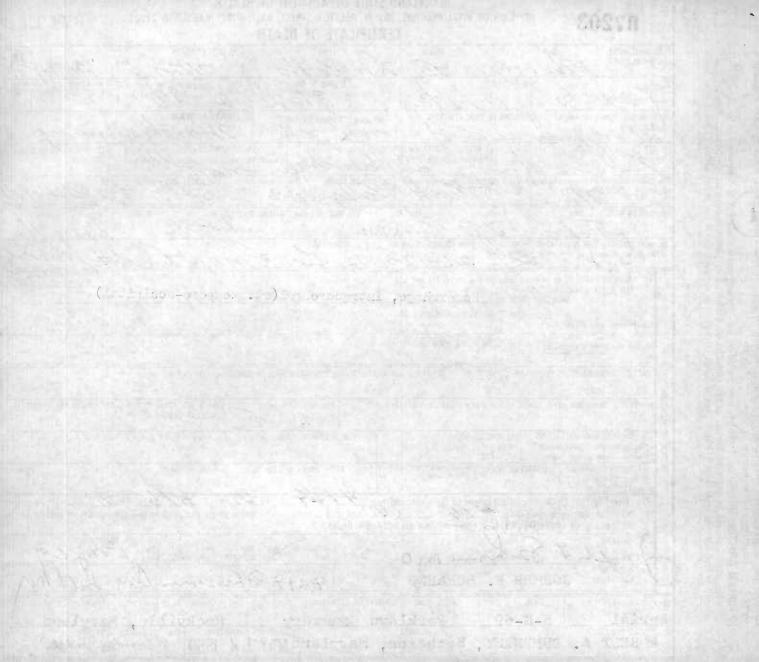


		1			ARYLAND STATE					
100			07201	DIVISION OF VITAL F	RECORDS, 301 W.	PRESTON STREET,	BALTIMORE, MARY	'LAND 21201	0210	1-91
7			MINOT		CERTIFI	CATE OF DEA	TH		0719	1
	#2 #. 1		ECEASED-NAME Firs	t N	Aiddle	Lost	2a. DATE OF D			2b. HOUR
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	fille fille hin	10.	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital 12c	. USUAL OCCUPATION ((ind of work done	12b. KIND OF BU	SINESS OR
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	fical far He		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month	Day Year	HOW HOOK! OCCURRED	(Line) hardle at injury	III FUIT OF FUIT 2, II	om 10.)	
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	PH) his his ptack	13	While Nat while	OFFICE BUIL	DING, ETC.	LOCATION SHEET OF K.I	i.b. No.	TOWN	coomy	31414
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached far use as the burial-transit permit. Then poshauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval,		22d. PHYSICIAN'S NAME (Type)	Thomas in	D.	22e. ADDRESS	1 4873 37	N.W.	wash.	DC.
	OSP JNE JNE ctar ctar	220	BURIAL, CREMATION, 23b	DATE 23	c. NAME OF CEMETERY O		23d. LOCATION	(City or Town)	(Caunty)	(State)
	Page dire	130	REMOVAL (Specify) 5	-16.16 ST F	ET. LINCO	. (?	n Bin	DENS 1301		1D
	F F	24.	FUNERAL DIRECTOR	10/01/1	J. ADDRESS		REC'D BY REGISTRAR	2Sb. REGISTRAR'S		
	VR A15 (4) 30M REV. 1\68		S. GAWLER'S!	SONS, SIBOU	INGTON	D.C. MA	Y 8 1969	Municipale	o Judge	



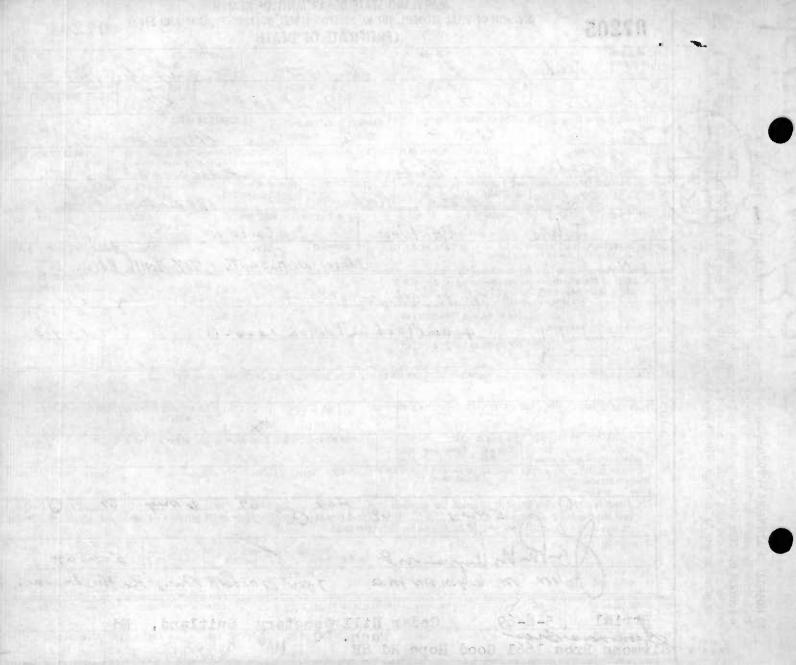
	-	MARTLAND STATE DEPARTMENT OF HEALTH
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	24 id i	Washingtown Cl. J. H, WIDOWED DIVORCED Montgoment
	ii jiji diri	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 12. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) 12. USUAL OCCUPATION (Kind of work done linbuster) 12. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)
	# > 5 # 7/)	Bethesda give street oddress) Ju hearth as Surface of working life (even if retired.) INDUSTRY
	dr.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UNITS? 13e. STREET AND NUMBER
	ute complete	odmission) STATE YES NO 13b. COUNTY YES NO 1
	2000	The form with - 13801 - Realand KC
	6 2 6	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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N	ph sig bu bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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	for He	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
	SIC spit spit ed ed af	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PIACE OF INJURY / AT HOME FARM STREET FACTORY) 21f LOCATION Street of P.E.D. No. (if year Town)
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	d b Af	saw the deceased alive an
	E in E	causes stated abave, (1) (we) (did) (did nat) view the bady after death.
	ECTOR: A should with the	22b. SIGNATURE 22c. DATE SIGNED
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	5- 5-0	Burial (Specify) 6/2/1969 St. Lukes Church Cem. Derwood Montg. Md.
	VR A15 (4)	24. FUNERAL DIRECTOR 1331 Rock **DES** Pike 250 RECO BY REGISTRAR S SIGNATURE PYSON WHEFTER FUNERAL HOME Rock ville. Md. 1369 PYSON WHEFTER FUNERAL HOME ROCK ville. Md.
	45M - 1/69	TYSON WHEELER FUNERAL HOME Rockville, Md. DMUN 3 1969



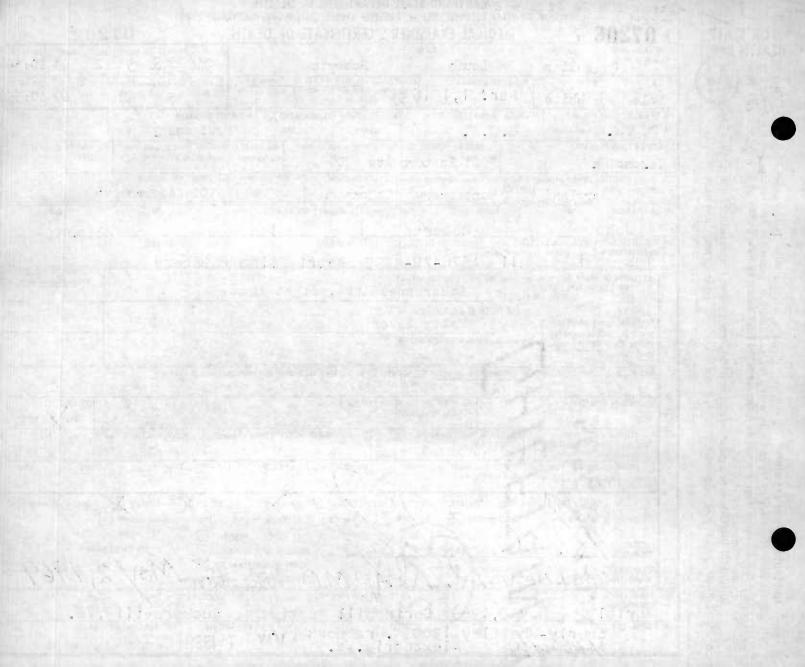


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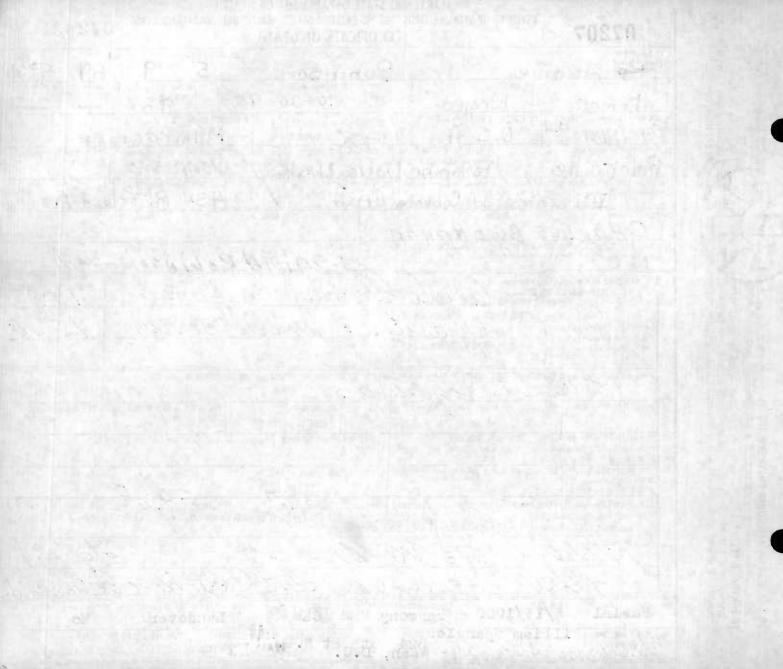
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n:			stating the underlying cause	DUE TO	O, OR AS A CONS	SEQUENCE OF								
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	are de la serie	CERTI	21a. ACCIDENT WAS UNDERLY	NG 215 1	TIME OF INJURY		121c HOW	YES T	NO TOTAL	ture of injury in Part	1 D+ 0 1	10)		
	fico of tol		OR CONTRIBUTING CAUSE OF DE	ATH HOUR	R A.M. Manth	Day Year	Zic. now	INJUNT OCCU	KKED (Ellier ligi	ture at injuty in Part	i or Pan 2, ii	iem 18.)		
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	t the transfer of the transfer		22b. SIGNATURE	(1) (we)	(ala) (ala nat) view the be	ady after de	arn.						
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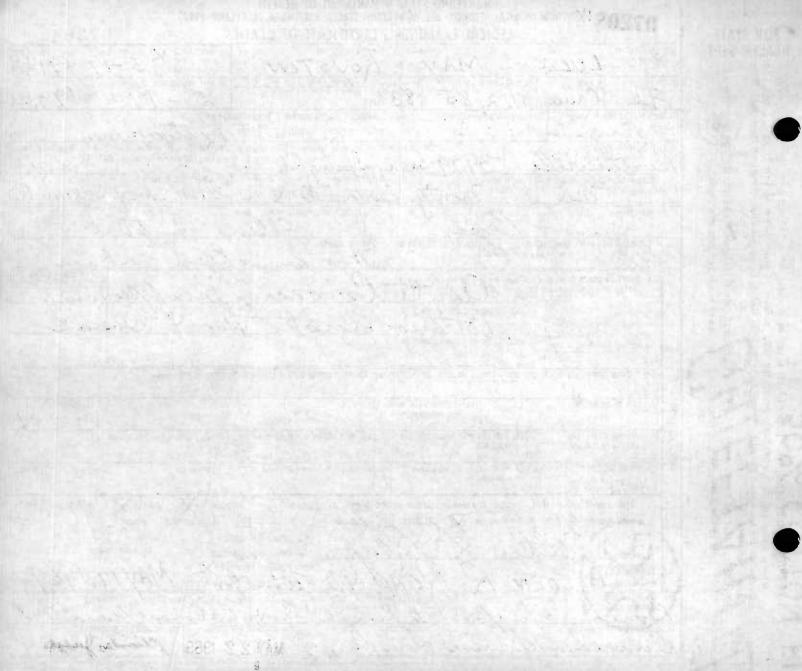
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PRIMARY OR CONTRIBUTING HOUR A.M. 19 Cause of Death Control City or Town City or Town											County		State			
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bical Exalesse execute director. Page tained for you birector: Page to burial, cre		death res	sulted from	Natural gar	uses A. Ar	cident 🔲,	Suicide	, Homicia	ie 🔲,	Undete	rmined m	anner				
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necessary, please execute the funerol director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)	BELD	ENL	14.1	AE A		DRESSSILE		w Correynty	11/	*/	K, 1	16	27	
10 He He	23a.	BURIAL, CREMAT	ION, 23b.		100	7	OR CREMATORY			LOCATION (C	((County)	1	ate)	
	24 5	REMOVAL (Special Burial	\D				iill Ba		D BY DEC	Ruck	ersv		e, Va			
VR A15ME (5) 10M REV. 1/68	27.	DIVERNE DIVECTO	Jersy-	Wheat 1	ey 150 Alex	ow.Br	addock .Va.	DATENY	7 7	1969		lossed		edge.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07203 07207 CERTIFICATE OF DEATH DECEASEO-NAME First Middle Lost 20. DATE OF OEATH be executed within 24 hours after deoth popers. Pages 1 ond 2 hin 72 hours after deoth. by the funeral (Type or print) Month C ennie 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) 10-20-75 MONTHS DAYS HOURS 9. COUNTY OF DEATH MARRIED NEVER MARRIEO 2. WIDOWED DIVORCED [DNTGOMFRU Filled i 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR during most of **INDUSTRY** 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET, AND NUMBER YES W remo ond in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle puo physicion o the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) buriol, cremotion, or removol, N50N-50 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per live for (a), (b), opt (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) (onditions, if any, which gove) signed by the buriol-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. OATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this bespital) attended the deceased framand that in (my) (out) apinian death occurred an the date and have and from the saw the deceased alive an_ 4 moy be retained causes stated abave, (1) (we) (did) (did not) New the bady after death. 22b. SIGNATURE 22c. DATE SIGNEO STAFF DIRECTOR PHYSICIAN'S 22e. ADDRESS Harmony MEM C REMOVIE (D. S. L.) 23d. LOCATION (City or Town) 230. (County) (Stote) CEM Landover Md Spangler poress Spanglex Wash, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



2	MARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07204
HEALTH DEPT.	DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b HOUR
is de of	(Type or Print) LULA MAY KOVSTON DEATH MATED 5-17 6913-
loy is 1 3 to Page ent of	SEX 4. RACE . S. DATE OF BIRTH 16. AGE (In years JUNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d AGUIR
deloy and 3 M3. Pa	Fe Cauc 8/12/85 83 YRS. MONTHS DAYS HOURS MIN. MOSTS - POT - YEAR 1692 PM
iny deloy is 1, 2, and 3 to m PM3. Page	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
- E (a)	untry) A
hours ofter death tem 18. Give Pages 1, Office olong with farm front 2 with the State De	CHY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kindler work done 12b IND OF BUSINESS OR
offer death 3. Give Pagolong with with the Sta	giresteer edges) In Make or nostrial of institution (institution (institution (institution (kinds) work done 122 and or business of during most of working life, even if refired.) INDUSTRY
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s ofter 18. Gi olong with death.	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13/CITY OK TOWN 13d. INSIDE CITY LIMITY? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 200 13
rs o 18. 2 w dec	THE THENLY SUITEMENTED IS IN I STANLY STAINS IL
hours Item 18 Office Fond 2	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	James Perstan Ellen Libbert
hin 24 ncil in ningris Rages hours	b. WAS DEESASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
within pencil xomine ile page 72 hou	(Yes, no of unknown) (If yes give war or dates of fer hie) Mrs Laurekeen - ahare
11	1B. CAUSE OF DEATH (Enter only one couse per live Tol. (o), (b), and (c).)
be executed "pending" in nief Medicol E onsit permit. F event within	PART I. DEATH WAS CAUSED BY:
xec din Aed peri	IMMEDIATE CAUSE (a) CONTROLLED CO
be e "pen hief A onsit	Conditions, if ony, which gove) DUE TO, OR AS YA CONSEQUENCE OF Conditions, if ony, which gove)
d b d : Chii Tron	rise ta immediate cause (a), (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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This certificate s icate, writing the be forwarded ta I be used as a but removal, and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
vertificate writing trwarded as a provol, an	
is certifite, writter, forwar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.)
	YES NO
#_ 2	
INER: 1 e certific shauld to files. 3 should notian, o	CAUSE OF DEATH P.M. 19
EXAMINER: cute the certifoge 4 shauld your files. Poge 3 should, cremotian, I, cremotian,	WHILE NOT WHILE AT WORK AT WORK
DEPUTY SICAL EXAM reessary, please execute the e funerol director. Poge 4 may be retained for your FUNERAL DIRECTOR. Poge	22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opinion
ICAL For tor. Pod far CTOR:	death resulted from: Notural couses N. Acident I. Suicide I. Hamicide I. Undefermined manner
please es l' director. retained l' DIRECTO	Chief Medical examiner
JIY SIC.	ACTUAL ON A CONTRACT TO THE SIGNED
EPUTY SSGRY, I funeral ay be r JINERAL Ith prii	SIGNATURE CONTROLLAR FOR A PARTIES AND A PAR
DEPUT scessary, e funer may be FUNERA	NAME (Type) BELDEN K KEAD (4,7) ADDREST SUPERISE EXAMINER SUPERISE EXAMINER (Type) BELDEN K KEAD (4,7) ADDREST SUPERISE EXAMINER SUPERISE EXAMINER (Type) BELDEN K KEAD (4,7) ADDREST SUPERISE EXAMINER (Type) BELDEN K KEAD (4,7) ADDREST SUPERISE EXAMINER (Type) BELDEN K KEAD (4,7) ADDREST SUPERISE EXAMINER (TYPE) ADDREST SUPERISE
TO DEPUTY necessary, the funero 5 may be TO FUNERA! Heolth pr	BO. BURIAL, CREMATION, 23b. DATE, 23c. NAME OF CEMERRY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
F	ZEMOVAL (Specify)
	4. EUTREAL DIRECTOR ADDRESS L2SO, REC'D BY REGISTRAR 2Sb, REGISTRAR'S SIGNATURE
VR A15ME (N)	
10M REV. 1/08	Manaldran O'uneral Hame Rayyey DAMAY 2 2 1969 Rushes Judges.



-0	- 1	1	07203	DIVISION OF VITAL RECORDS	301 W. PRESTON S			1 07	200
			Items5&7 FilmG		CERTIFICATE O			017	205
	of 2 of 1.		DECEASED-NAME First (Type or print) Emmo		Last		DATE OF DEATH	D V	2b. HOUR
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	s after death. the funeral ages 1 and 2 rs after death.	3. 9	Female	4. RACE Caucasian	5. DATE OF	hkmown/	6. AGE (In years last bigthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
PH.	2 20 2	-	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	1		DUNTY OF DEATH	rrs.	
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	2	10.	CITY OR TOWN OF DEATH	111. NAME OF HOSPITAL OR IN	STITUTION (If not in hospita	l 12a. USUAL OC	CUPATION (Kind of work do	101 100 0	F BUSINESS OR
	within 24 hours after death ely filled in by the funeral both electric Pages I and within 72 hours after death		Kensington	give street address) 011		sing master	working life; even if retire	industry	lome
	completely ove carbo	130 adn	. USUAL RESIDENCE (Where deceo-	sed lived, if institution: Residence befare	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	e execut ond com remove	· ·	nission) STATE Wash. DC	No. coom		YES NO	5415 Conr		N.W.
	ond rem	14.	FATHER'S NAME First Samue 1	Middle Last		MAIDEN NAME First	Middle		Last
	ate b ician lease ond i	160	WAS DECEASED EVER IN ILS ARE		NO. 17. INFORMANT	Martl	na BOV	vman	
	certificate be executed physician ond comple hen please remove ca noval, ond in any even		Yes, na, or unknown) (If yes give v	war or dates of service) Unknown		er 5415	Conn Ave.		Wash. I
	The		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a) (b) and (c)			COMP. HVC.	APPROX	IMATE INTERVAL ONSET AND DEATH
	death ce death ce permit. The lon, or rem			D BY: ATE CAUSE (0) <u>Cerebul</u>		cccdown	+		deer S
	attend permit.	-	2509	DUE TO, OR AS A CONSEQUENCE OF					
	that the an. by the tronsit premoti	3 3	Conditions, if any, which gave rise to immediate cause (a),	(b) 94 mile al.	el 1914e	wio school	oth	20	7200
0	equires that the death certificate be exemply physician. signed by the attending physician and a burial-transit permit. Then please remo burial, cremotion, or removal, and in any		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				200	15
0	g physici g physici n signed s buriol-		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
13	20000	N N							
3	OR ATTENDING PHYSICIAN: The fow reperentiation of attending and response of the state of the sta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE			20b. IF YES, WERE FINDING	GS CONSIDERED IN C	ERTIFYING
	or at the hor of the of	ERTIF	21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJURY	YES [
	rificat for for free	MEDICAL (OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Year		JCCUKKED (Enter natu	re of injury in Part 1 or Part	f 2, Item 18.)	
	G PHYSICIA the hospitol this certific defoched fo	MED	(If either, notify medical examinated 21d. INJURY OCCURRED 21e.		(TORY.) 21f. LOCATION Str	reet or R.F.D. No.	City or Tawn	Caunty	State
	the this this deto		While Nat while at wark at wark						
	by Affer Stot		220. I certify that (1) (th	is haspitol) attended the deceas	ed from Sept	, 1953	, to 30 may,	19 <u>69</u> , that	(we) last
	DR: /	1	causes stated above	is haspitol) attended the deceas live an 29 My e (1) (we) (did) (did not) view the	body after death.	my) (our) opinian	deoth accurred an the	date ond hour	and from the
	reta FCTC S showith	9	22b. SIGNATURE	71. 1	ATTENC		2	22c. DATE SIGNED	
T S	DIR DIR	,	Oth	In Veyna-	DEGREE PHYS.	DIRECTO	OR STAFF SHYS.	5-31-	69
	moy moy RAI		22d. PHYSICIAN'S NAME (Type)	r m wymm	22e. AI	DDRESS 7 80/ NOR	POLIC ATE.	Bethan	la, me
	TO HOSPITAL OR ATTENDING I Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the Store L	23a	BURIAL, EREMATION 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	5 S di il		REMOVAL (Specify) 5	/31/69 Ceda	r Hill Cre			G Co	. Md
1	VR A S		FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D BY REG	SISTRAR 25b. REGISTRA	AR'S SIGNATURE	Lag
10	45M - 16	1 R	.A. Pumphrey	7557 Wisc. Ave	Retheso	DATE	5 1969 fcu	and how	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07210 07206 CERTIFICATE OF DEATH DECEASED-NAME First Middle death. Last 20. DATE OF DEATH 2b. HOUR (Type or print) Month GRACE Day Campbell KUSSELL 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH JE LINDER 1 YUAR IF UNDER 24 HRS 6. AGE (In years in by The Page CAU. last birthday) DAYS HOURS FEMALE YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 11.5 A. ENGLAND WIDOWED M DIVORCED [MONTGOMERY pletely-filled i in any event, within 7 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) GROSUENOR LANE during most of working life, even if retired.) **INDUSTRY** BETHESDA NURSING & CONUMESCON CENTR HOUSEWIFE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed physician and cample of please remove s 131 COUNTY OF COLUMBA WASHINGTON NO X 19th ST N.W YES 2200 14. FATHER'S NAME Middle First Last 15. MOTHER'S MAIDEN NAME First Middle Last WILLIAM LIDSTONE ELEMA pup 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Son Yes, no. or unknown) (If yes give war or dates of service) 220-44-8242 Same as Item 13. remaval, Russel attending permit. The APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and [e]. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial, crematian, ar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) signed by the burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES T NO T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be detached for State Dept. af H (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark ot work 22a. I certify that (1) this haspital) attended the deceased fram. 3/4 1969, and that if (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an_ Page 4 may be retained directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Washington, Congressional Cem. 5-8-69 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Pumphrey, Bethesda, Maryland, MAY Robert A. 1969 acliantes ?

